

West Virginia DMV
PO BOX 17010
Charleston, WV 25317

Application for a Driver's License or Identification Card

Complete both sides of this application. All requested information is mandatory unless otherwise noted.



Name _____
LAST, FIRST, AND MIDDLE

WV License # _____ Birth Date ____/____/____
MM DD YYYY

Former Names _____
SUPPORTING LEGAL DOCUMENTATION IS REQUIRED BY LAW

Gender _____ Weight _____ LBS Height _____ FT _____ IN

Residence Address _____

Eye Color _____ Do You Wear Corrective Lenses? YES NO

County of Residence _____

Daytime Phone (optional) (_____) _____ - _____

Mailing Address _____
REQUIRED IF DIFFERENT FROM RESIDENCE ADDRESS

Cellular Phone (optional) (_____) _____ - _____

City, State, ZIP Code _____

Social Security Number _____

Email Address (optional) _____

YOU MUST ANSWER "YES" OR "NO" TO ALL QUESTIONS BELOW UNLESS YOU DO NOT MEET THE QUESTION'S CRITERIA.

YES NO

YES NO Has your address changed since your last License/ID issuance?
If "yes", please list previous address below:

Please remember WV Law requires you to notify DMV within 20 days after a change of address.

YES NO Are you a U.S. Citizen? If not, list your Alien Registration Number below.

YES NO Have you been issued a license/ID in another jurisdiction in the last 10 years?
If "yes", list jurisdiction and License/ID#(s): _____

YES NO Do you have a suspended/revoked license or a pending license suspension/revocation in ANY jurisdiction within the previous five years?
If "yes", you are required to provide a letter of explanation including the date of the incident.

YES NO Have you been refused a license by any jurisdiction within the previous five years? *If "yes", you are required to provide a letter of explanation including the date of the incident.*

YES NO **APPLICANTS THAT OWE A CHILD SUPPORT OBLIGATION ONLY:** Do you owe an obligation that is more than six months in arrears?

YES NO **APPLICANTS THAT OWE A CHILD SUPPORT OBLIGATION ONLY:** Are you the subject of a child support-related warrant, subpoena, or court order?

YES NO **LEVEL 2 GDL Applicants ONLY:** Have you been convicted of a traffic violation in the past six months?

YES NO **LEVEL 3 GDL Applicants ONLY:** Have you been convicted of a traffic violation in the past 12 months?

YES NO

YES NO Do you have any visual/medical condition(s) affecting your ability to drive safely? *If "yes", you are required to provide a letter of explanation.*

YES NO Do you wish to be designated on your license as an organ donor?
By checking "yes", you agree that the DMV may furnish your personal information to designated organ donation groups.



YES NO Do you wish to be designated on your license as diabetic?



YES NO Do you wish to be designated on your license as hearing impaired?



YES NO **Veterans of the United States Military ONLY:** Do you wish to have the United States Veterans designation on your license? *If you choose to have the veterans designation, DMV is required to verify your status with your DD Form 214, WD AGO 53, WD AGO 55, WD AGO 53-55, NAVPERS 553, NAVMC 78PD, NAVCG 553, Military Identification Card, or a Current Military license plate registration card. (A CSR may verify status as a current military license plate holder through the vehicle system if an applicant does not have their registration card on hand.)*



YES NO Have you ever experienced seizures or loss of consciousness, emotional or mental illness, alcohol or drug problems, or any physical condition that requires you to use special equipment to drive? *If "yes", you are required to provide a letter of explanation.*

YES NO Do you wish to make a contribution to the West Virginia State Police Forensic Laboratory Fund? *If "yes", specify the contribution amount: \$* _____

YES NO Do you wish to make a contribution to the West Virginia Department of Veterans Assistance? *If "yes", choose an amount: \$5 \$10 Other: _____*

You must complete BOTH sides of this application. An incomplete application will not be processed.

TYPE OF LICENSE / ID APPLICANT WISHES TO OBTAIN

Any valid license / ID issued by any jurisdiction must be surrendered.

Instruction Permit
Level 1 age 15-17

Instruction Permit "E"
Age 18 and Over

Motorcycle Skills
Test/Safety course

Renewal

Child ID Card
Ages 2 thru 15

Skills Test
Level 2 age 16-17

Skills Test E
Age 18 and Over

Motorcycle Endorsement

Duplicate license

ID Card
Ages 16 and over

Level 3 License

Instruction Permit "F"

Transfer

**"For Federal Identification"
Federally Compliant Card***

Secondary ID Card

* You will be issued a receipt that can be used as proof of renewal or issuance until your permanent card arrives in the mail.

AFFIDAVIT OF WEST VIRGINIA RESIDENCY

Homeowner Information and Certification

I, _____ hereby swear or affirm that _____

FULL NAME OF HOMEOWNER
FULL NAME OF APPLICANT

resides in my home at the following address: _____

STREET ADDRESS
CITY
STATE
ZIP CODE

(X) _____
SIGNATURE OF HOMEOWNER

WV DRIVER'S LICENSE/ID NUMBER

_____/_____/_____
DATE

I understand that any false statement may result in cancellation or suspension of my license. As a driver's license applicant, I certify that I am not subject to any disqualification, suspension, revocation or cancellation, and that I do not have a driver's license from more than one state or jurisdiction. I do solemnly swear or affirm under penalty of perjury that I am the person named and described herein and that the statements in this application are true and correct.

Males age 18 - 25 only: I understand that I am required to register for the military draft and that my information will be forwarded to the Selective Service System, as required by law.

(X) _____
APPLICANT SIGNATURE

_____/_____/_____
DATE

(X) _____
PARENT / GUARDIAN SIGNATURE (REQUIRED ONLY IF APPLICANT IS UNDER AGE 18 AND IS APPLYING FOR AN INSTRUCTION PERMIT)

_____/_____/_____
DATE

THE REMAINDER OF THIS APPLICATION IS TO BE COMPLETED BY THE WVDMV - DO NOT WRITE ANYTHING IN THE SPACE BELOW THIS LINE.

The applicant named herein passed the DMV written test _____ road skills test _____
 on ____/____/____ which was conducted at the _____
 regional office/test site. The applicant's restrictions are as follows: _____

Examiner's Signature & Unit Number **(X)** _____

Vision Screening PASSED _____ FAILED _____ Knowledge Exam 1ST _____ 2ND _____

Identification Presented and Scanned

Dates of Examinations

