

UT LICENSE # _____ UT ID # _____

Full Legal Name _____
Last First Middle Suffix

Date of Birth _____ Social Security Number or ITIN _____
mm/dd/yyyy This information will not show on your driver license or ID card

UT Residence Address _____
Number/Street/Apartment City Zip Code

Mailing Address _____
PO Box/Number/Street/Apartment City State Zip Code

Email Address _____ Phone _____

Height _____ FT. _____ IN. Weight _____
Hair Color Eye Color Gender

Applicant's Place of Birth _____ Mother's Maiden Name _____
State/Country Last First

NOTICE: APPLICANT MUST ANSWER ALL QUESTIONS.

- YES NO Are you a U.S. Citizen?
YES NO Are you a legal permanent resident alien or a U.S. National?
YES NO If you are a citizen of another country, do you have evidence of lawful presence in the United States?
- YES NO I would like to register my desire to help others by being an organ, eye, and tissue donor (life-saving anatomical gift.)
- YES NO Are you a U.S. Military Veteran?
- YES NO If yes, do you authorize sharing this information with the Utah Division of Veterans Affairs for the purpose of identifying veterans and disseminating veteran benefit information?
- YES NO If you have been honorably discharged from the U.S. military, would you like to have a VETERAN indicator on your driver license or ID card? Provide a DD214 or Veterans Record/Notice of Separation indicating an honorable discharge.
- YES NO Are you required to register as a sex offender with the State of Utah, any other state, or with the U.S. Government?
- YES NO Have you ever been issued, a driver license by another state, country or province? If yes, list states/countries/provinces: _____ # _____ Exp. _____
- YES NO If you are a CDL driver, have you been licensed in another state within the last 10 years? If yes, please list: _____ # _____ | _____ # _____
- YES NO In the last 10 years, has your driving privilege been suspended, revoked, canceled, denied or disqualified? If yes, State: _____ # _____
Why? _____

Print the name of the person signing for minor: _____
Father Mother Guardian

- YES NO Do you wish to contribute a \$2.00 donation to the "Friends for Sight" fund?
- YES NO Do you wish to contribute a \$2.00 donation to educate people about organ, eye and tissue donation?
- YES NO Do you wish to contribute a \$1.00 donation to the "Mobility Assistance Fund?"
- YES NO Do you claim to be disabled under the Americans with Disabilities Act?
- YES NO Do you claim to be indigent and are applying for an ID card for voting purposes?

DLD Office Use Only:

EL LERN ORG LERN
DPC DL CDL ID IDD
LTID LTDL LTCDL MVP
Class: A B C D
End. H N X Z P S T M
Visual Acuity: Passed Eye Statement
Restrictions: A B K L G V 6
J: _____
Motorcycle Restrictions: 2 3 5
Testing: Written Road Ref/Asyl
Translator: Y / N
Station Code: ___ Emp. #: ___ Initials: ___
Name Change:
From: _____
To: _____
ID #1: _____
ID #2: _____
Address Verified: _____
Full Legal Name: _____
DOB: _____ Iss Date: _____
BC PP DHS #: _____
Iss. Agency: _____
Required Docs Scanned: YES
SSN: _____ Date: _____
SAVE: Approved/Exp.: _____
Emp. #: _____ Date: _____
CDLIS: CSOR ADD DRIVER
PDPS:
SB: _____
License Surrender: YES NO
CDL: YES NO
IDC: YES NO
Iss.: _____ Exp: _____
State: _____ End.: _____
License #: _____
Total \$: _____ Trans #: _____
Initials: _____
Date Stamp: _____

UT LICENSE #

UT ID #

Applicants who apply for or hold a license are responsible to report physical or mental health conditions to the division. **DO YOU HAVE, OR HAVE YOU HAD, ANY OF THE FOLLOWING CONDITIONS IN THE LAST FIVE YEARS?**

Diabetes:	YES	NO	Do you take insulin?
Cardiovascular:	YES	NO	Do you have an uncontrolled heart condition?
	YES	NO	Do you have an implantable cardioverter defibrillator (ICD)?
	YES	NO	Have you lost consciousness or fainted in the last five years?
Pulmonary:	YES	NO	Do you have a pulmonary (lung) condition?
	YES	NO	Is an inhaler the only medication prescribed for this condition?
	YES	NO	Do you use supplemental oxygen?
Neurologic:	YES	NO	Do you have, or have you had a neurological condition such as: Dementia, strokes, Alzheimer's, traumatic brain injury, Multiple Sclerosis, or Parkinson's?
Epilepsy:	YES	NO	Do you have or have you had seizures in the last five years? Or,
	YES	NO	<i>Commercial Driver: Anytime during your life?</i>
Learning & Memory:	YES	NO	Do you have learning and memory difficulties which may interfere with driving safety?
Mental Health Conditions:	YES	NO	Do you have a mental health condition such as schizophrenia, severe anxiety, or severe depression?
Alcohol & Other Drugs:	YES	NO	Do you use alcohol excessively, misuse prescription drugs, or use illegal drugs?
	YES	NO	Have you been treated for alcohol or chemical dependency, or has treatment been recommended by a medical professional?
Vision:	YES	NO	Are you required to wear glasses or contact lenses for driving?
	YES	NO	Is your visual acuity worse than 20/40 in the better eye, even with corrective lenses?
	YES	NO	Do you have a degenerative or progressive eye condition?
	YES	NO	Have you experienced a decrease in peripheral (side) vision?
Musculoskeletal:	YES	NO	Do you have loss or paralysis of all or part of a limb, or severe arthritis?
	YES	NO	New or changed in the past 5 years?
	YES	NO	Present longer than 5 years?
Alertness or Sleep Disorders:	YES	NO	Do you have a condition that produces abnormal sleepiness (sleep apnea, narcolepsy, etc.)?
Other:	YES	NO	Are there any other health problems or use of medications which might interfere with driving ability or safety or control of a vehicle? Please explain: _____

Answering yes to any of the above questions may result in your receiving a request for additional follow-up information.

DLD Office Use Only: Examiner Notes

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VOTER REGISTRATION

YES NO Do you authorize the use of information in this form for voter registration purposes?

"PRIVACY INFORMATION"

Voter registration records contain some information that is available to the public, such as your name and address, some information that is available only to government entities, and some information that is available only to certain third parties in accordance with the requirements of law. Your driver license number, identification card number, social security number, email address, and full date of birth are available only to government entities. Your year of birth is available to political parties, candidates for public office, certain third parties, and their contractors, employees, and volunteers, in accordance with the requirements of law. You may request that all information on your voter registration records be withheld from all persons other than government entities, political parties, candidates for public office, and their contractors, employees, and volunteers, by indicating here:

Yes, I request that all information on my voter registration records be withheld from all persons other than government entities, political parties, candidates for public office, and their contractors, employees, and volunteers.

REQUEST FOR ADDITIONAL PRIVACY INFORMATION

In addition to the protections provided above, you may request that all information on your voter registration records be withheld from all political parties, candidates for public office, and their contractors, employees, and volunteers, by submitting a withholding request form, and any required verification, as described in the following paragraphs. A person may request that all information on the person's voter registration records be withheld from all political parties, candidates for public office, and their contractors, employees, and volunteers, by submitting a withholding request form with this registration record, or to the lieutenant governor or a county clerk, if the person is or is likely to be, or resides with a person who is or is likely to be, a victim of domestic violence or dating violence.

A person may request that all information on the person's voter registration records be withheld from all political parties, candidates for public office, and their contractors, employees, and volunteers, by submitting a withholding request form and any required verification with this registration form, or to the lieutenant governor or a county clerk, if the person is, or resides with a person who is, a law enforcement officer, a member of the armed forces, a public figure, or protected by a protective order or a protection order.

Yes, I would like a withholding form.

Political Party: Constitution Democratic Independent American Libertarian Republican United Utah Unaffiliated
Other _____

To register or preregister to vote in Utah, you must be a citizen of the United States, have resided in Utah for 30 days immediately before the next election, and not be a convicted felon currently incarcerated for a felony. You must be 16 or 17 years old to preregister to vote or at least 18 years old on or before the next general election to register to vote. If you decline to register to vote, the fact that you have declined will remain confidential and will be used only for voter registration purposes. If you register to vote, the office with whom you register will remain confidential. The portion of your voter registration form that lists your license or identification card number, social security number, email address, and the day of your month of birth is a private record. The portion of your voter registration form that lists your month and year of birth is a private record, the use of which is restricted to government officials, government employees, political parties, or certain other persons. In order to be allowed to vote in a voting precinct for the first time or to vote during the early voting period before the date of the election, you must present valid voter identification to the poll worker before voting as follows: (1) a valid form of photo identification that shows your name, photograph, and current address; or (2) two different forms of identification that show your name and current address.

CITIZENSHIP AFFIDAVIT/VOTER DECLARATION

I hereby swear and affirm, under penalties for voting fraud set forth in Utah Code Sec. 20A-2-401 that I am a citizen of the United States and that to the best of my knowledge and belief the information I have given is true and correct.

I do swear (or affirm), subject to penalty of law for false statements, that the information contained in this form is true, and that I am a citizen of the United States and a resident of the State of Utah, residing at the above address. Unless I have indicated that I am preregistering to vote in a later election, I will be at least 18 years of age and will have resided in Utah for 30 days immediately before the next election. I am not a convicted felon currently incarcerated for commission of a felony.

X _____
Sign ABOVE to register to vote **Date** _____

By submitting this application, I am consenting to registration with the Selective Service System, if required by federal law. Refusal to consent to the release of information to the Selective Service System shall result in the denial of the license and/or identification card.

Implied Consent - By operating a motor vehicle in this state you have given consent to a chemical test of your breath, blood, urine, or oral fluids for the purpose of determining if you are operating or in actual physical control of a motor vehicle while having a blood or breath alcohol content or are under the influence of drug or a combination of both that is prohibited by Utah law.

FAILURE TO TRUTHFULLY COMPLETE QUESTIONS MAY RESULT IN WITHDRAWAL OF DRIVING PRIVILEGE OR IDENTIFICATION CARD.

The Driver License Division may disclose the information provided on this form in accordance with Utah Code Annotated 53-3-109.

The Driver License Division may disclose the information provided on this form to an entity described in Utah Code Annotated Subsection 53-3-109(1)(b)(v). Please visit our website dld.utah.gov for additional information.