Completion	of this	section			ut not required to				rd. (Virginia	Code §2.2-3806)			
			I	NFORM	IATION FOR THE	DEPARTMEN	NT OF ELECT	IONS					
Mail In / DMV Con of America?	nect On	ly - Are y	ou a citiz	zen of th	e United States		Mail In / DMV Connect Only - Do you want to register to vote or change your voter registration address?						
YES (INITIAL BOX) NO (INITIAL BOX)							YES (INITIAL BOX) NO (INITIAL BOX)						
			_IN		TION FOR THE V								
_				Yes, I	would like to becor	me an organ, e	eye and tissue	donor.					
DL 1P (07/01/2024) ORIVER'S LICENSE AND IDENTIFICATION CARD APPLICATION LOG #													
	'	DKIVE	:K'S L	ICEN:	SE AND IDEN	HEICATIO	N CARD A	PPLICA	IION	LOG#			
Virginia Department of Motor Post Office Box 27412 Richmond, Virginia 23269-00													
www.dmv.virginia.gov Purpose: Use	this form	to apply fo	or a drive	r's licens	se, learner's permit, c	r identification o	ard.						
Instructions: Subr					•			application.					
APPLICATION TYPE REAL ID: ID requirements for domestic air travel and access to secure federal facilities change May 7, 2025. A REAL ID meets these requirements.													
										equirements.			
Would you like to apply for a REAL ID license/identification card? (Not applicable if applying for a Motorcycle Learner's Permit) Yes - I would like to use my license/identification card as ID to board a domestic flight or enter a secure federal facility or military base on or after May 7, 2025. View the documents you'll need at dmvNOW.com/REALID or ask for a brochure.													
No - I acknowledge my license/identification card will display "Federal Limits Apply" and I will need another form of ID to board a domestic flight or enter a secure federal facility or military base on or after May 7, 2025.													
Driver's Licens	е		-		Motorcycle	Learner's Perm	nit (classification not	applicable)	☐ Ide	ntification (ID) Card			
Learner's Perm	nit <u>and</u> Dri	iver's Lice	nse			cense with Scho	ol Bus Endorsei	ment	☐ He	aring Impaired ID Card			
Driver's Licens			elow)				r Foreign Diplor	nats	Em	ancipated Minor ID Card			
Motorcycle Onl		complete N	/ //otorcycle		*Commercial	Driver's Licens	e (CDL) applica	ints must con	nplete the CDL	Application (DL2P)			
Motorcycle Classif		inia Matar	avala Cla	asification									
☐ Maintaining cu	_		-			Only License	Additional toatin	a may ba raa	uired Cheek	annliaghla hay halayy			
		er iviolorcy	cie Cias	silication		-	Additional testin	g may be req		applicable box below.			
☐ M 2 (2 wh		ontification	on Cord	/-ll	☐ M 3 (3 whe	,	ering my current	licopoo or IC		both 2 and 3 wheels)			
I certify I cannot sur							· · · —	stroyed	Caru.				
r certify i carmot sur	TCHGCI III	y current	1001130 0	i ib card				Stroyeu					
NOTE: YO	NIB ADD	DESC DE	I O\A/ \AI	IST DE (CURRENT. THE U.S	T INFORMAT		T EODWADE	VOLIBILICE	VISE OR ID CARD			
FULL LEGAL NAME (I				JOI DE (CONNENT. THE O.	5. FOSTAL SER			IUMBER (SSN)	I HAVE NOT BEEN			
				» los				1		☐ ISSUED A SSN.			
BIRTHDATE (mm/dd/y	ууу) РН	ONE NUMI	зек (орис		X (check one) MALE FEMALE [NON-BINARY	WEIGHT LBS.	HEIGHT FT.	IN.	COLOR HAIR COLOR			
STREET ADDRESS	•			•		CITY	•	•	STATE	ZIP CODE			
MAILING ADDRESS (i	f different f	rom above	- this will s	show on v	our license/permit/ID)	CITY			STATE	ZIP CODE			
				,	,								
IF YOUR NAME HAS (NAME HERE	CHANGED	, PRINT YO	OUR FOR	MER EM	MAIL ADDRESS (option	al)		OF CITY OR C	OUNTY OF RES	BIDENCE			
1. Do you wear glass										YES NO			
			-		hich requires that you		• •		. ,	1 1 YES 1 1NO 1			
()										– –			
 Have you ever nad Do you have a phy 		*	•		usness?								
					ed, revoked, or disqua					close if			
					a criminal conviction th								
If you answered YES									,				
Do you currently hold	or have y	ou ever he	eld a: (ch	eck all tha	at apply) D	river's License [ID Card	Learner's Pe	rmit CDL				
If so, provide the follow	ving:	LICENSE	/ID CARD	NUMBER	R ISSUE DATE (mm/dd/yyyy)	EXPIRATION	I DATE (mm/do	d/yyyy) STATE	E/COUNTRY			
FOR DMV USE ONLY — DO NOT WRITE BELOW THIS LINE													
REQUIRED TESTS	PASS	FAIL		MER NUMI		O ROT WINTE	TRANSACTIO			FEE			
VISION		_					, _						
DL ROAD SIGNS EXAM							ORIGINA	L	REISSUE				
DL KNOWLEDGE EXAM						[DUPLICA	ATE	RENEWAL				
DL SKILLS													
MC KNOWLEDGE			CSR SIG	NATURE				10	CSR LOGON ID				
MC SKILLS M2													
MC SKILLS M3		I	l										

OPTIONAL SPECIAL INDICATORS											
OPTIONAL - Select relevant indicators below to show on your license, permit or ID card.											
MEDICAL INDICATORS	_		_								
Insulin-dependent diabetic*	Speech impairment*		☐ Hearing impairment*	Traumatic brain injury (DL 145 required for license or permit. A							
Autism spectrum disorder (ASD)*	☐ Blind or vision impairme only)*	ent (ID card	☐ Intellectual disability (IntD)*	physician statement required for ID card.)							
* Must submit required physician statement											
VETERAN INDICATOR											
☐ Add or keep the veteran indicator on my driver's license or identification card. ☐ Remove the veteran indicator on my driver's license or identification card. You must complete a Virginia Veteran Military Service Certification (DL 11) form and provide an acceptable veteran service proof document to add the veteran											
indicator, unless you have already done so.											
BLOOD TYPE INDICATOR Add or keep my blood type on my driver's license or ID card. Select one: A+ B+ AB+ O+ Remove my blood type from my driver's license or ID card.											
A- B- AB- O- The blood type designation displayed on a Virginia DMV issued credential shall not create any liability on the part of the Commonwealth of Virginia. Any person or											
entity that takes action based on the blood type designation displayed shall indemnify and hold harmless the Commonwealth of Virginia pursuant to Va Code §§ 46.2-342, 46.2-345, 46.2-345.2, and 46.2-345.3.											
PARENT OR LEGAL GUARDIAN CONSENT											
Check applicable box, review certification statement, print your name and sign where indicated.											
I authorize issuance of a learner's permit/driver's license. I certify that the applicant is a resident of Virginia. I certify that the applicant is attending school regularly and is in good academic standing, but if not, I authorize issuance of a learner's permit/driver's license. I certify that this applicant will operate a motor vehicle for at least 45 hours (15 of which will occur after sunset) while holding a learner's permit.											
If the applicant attends public school, I authorize the principal or designee of the public school attended by the applicant to notify the juvenile and domestic relations district court (within whose jurisdiction the applicant resides) when the applicant has had 10 or more unexcused absences from school on consecutive school days.											
If a Special Indicator Request is checked on this application, I request on behalf of the applicant that it be shown on the learner's permit/driver's license. I certify that the statements made and the information submitted by me are true and correct.											
I authorize issuance of an ID card. I certify that the applicant is a resident of Virginia. If a Special Indicator Request is checked on this application, I request on behalf of the applicant that it be shown on the identification card. I certify that the statements made and the information submitted by me are true and correct.											
PARENT/LEGAL GUARDIAN NAME (print)	F	PARENT/LEGA	L GUARDIAN SIGNATURE	DATE (mm/dd/yyyy)							
APPLICANT UNDER AGE 18 Have you ever been found not innocent of any offense in a Juvenile and Domestic Relations Court in this or any other state? YES NO If you answered YES, the court making the adjudication of "not innocent" or a court within the jurisdiction where the juvenile's parent/legal guardian resides must provide court consent below. COURT CONSENT In my opinion the applicant's request for a learner's permit/driver's license should be granted. Should not be granted.											
JUDGE NAME (print)		JUDGE SIGNA	TURE	DATE (mm/dd/yyyy)							
		SELECTIV	E SERVICE								
All males under the age of 26 are requ	ired to check one of the follo	wing. Failure	to provide a response will result in o	denial of your application.							
I am already registered with Selecti	ve Service.										
☐ I am a lawful non-immigrant on a cu	ırrent non-immigrant visa or	a seasonal a	gricultural worker (H-2A Visa) and no	t required to register.							
☐ I authorize DMV to forward to the S	elective Service System pers	sonal informa	tion necessary to register me with S	elective Service.							
By signing this application, I consent to sign below: I authorize DMV to send in				18, an appropriate adult must complete a e is 18 years old.	and						
SIGNATURE (check one and sign) PARENT / GUARDIAN JUDGE, JUVENILE DOMESTIC RELATIONS COURT EMANCIPATED MINOR											
	GOVERNMENT	EMPLOYFF	S - (Fee waiver certification)								
I certify that I am employed by the:			,								
to operate a motorcycle solely in the course of this employment and, because of such employment, I am entitled to the waiver of the motorcycle class endorsement fee, provided I have paid for and hold a valid Virginia driver's license or have made application for such.											
NOTICE											
Va. Code §§46.2-323 and 46.2-342 require that you provide DMV with the information on this form (including your social security number). Your personally identifiable information is being collected for record keeping purposes and will be disseminated only in accordance with Va. Code §§46.2-208, 46.2-209, and the Driver's Privacy Protection Act, 18 USC §2721. Persons convicted of certain sexual offenses (as listed in Va. Code §9.1-902) must register or re-register with the Virginia Department of State Police as provided in Va. Code §§9.1-901, 9.1-903, and 9.1-904. If you provide a non-Virginia residence/home address or non-Virginia mailing address, your application for a driver's license or permit may be denied. Upon issuance of a driver's license, commercial driver's license or identification card in the Commonwealth of Virginia, any driver's license, commercial driver's license or identification card previously issued by another state must be surrendered and will be cancelled by the issuing state.											
CERTIFICATION											
I certify and affirm that I am a resident of Virginia, that all information presented in this application is true and correct, that any documents I have presented to											
DMV are genuine, and that my appearance, for purpose of my DMV photograph, is a true and accurate representation of how I generally appear in public. I make this certification and affirmation under penalty of perjury and understand that making a false statement on this application is a criminal violation. By signing this form, I authorize DMV to verify the information provided on this application, as required to determine eligibility.											
APPLICANT NAME (print)		APPLICANT SI		DATE (mm/dd/yyyy)							