

<b>Last Name</b>		<b>First Name</b>		<b>Middle Name or Initial</b>	
<b>Current Mailing Address</b> (If PO or Private Box, also fill in "Physical Address" below)			<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Current Physical Address</b> (No PO or Private Box) . .			<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Previous Address</b> (Address on Out of State License)			<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Phone</b>		<b>Email</b>			
<b>Date of Birth</b>	<b>Social Security Number</b>	<b>Out of State License Number</b>	<b>Expiration Date</b> (out of State Lic)		

- I certify that I have never been licensed in any jurisdiction, state or province.
- I certify that I currently have a **valid** license from the State of \_\_\_\_\_ but I do not have that license in my possession.

If you cannot provide the license number and expiration date a Vermont license will not be issued. You must contact the jurisdiction in which you currently hold a license to obtain a clearance letter indicating your legal name, license number and expiration date of license.

**I certify that the statements herein are true. This declaration made under penalties of 23 V.S.A. § 202.**

<b>Applicant Signature</b>	<b>Date Signed</b>
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**For Department Use Only:**

Rater #

- PDPS Check
- NLETS/Driver History
- SSOLV