

I, _____, my legal name being _____
 (Name currently known to DMV)

_____, am one and the same person.

An individual name change requires an original or certified copy of a marriage license/certificate or court order clearly stating the new name.

Vermont Identification Information - Do you now have, or did you ever have a Vermont:

Driver License? Yes No
 Learner Permit? Yes No
 Non-Driver ID Card? Yes No

If "Yes", enter the identification number as it appears on the License, Learner Permit, or Non-Driver ID card →

VERMONT LICENSE, PERMIT, or NON DRIVER ID CARD NUMBER

--	--	--	--	--	--	--	--	--	--

Last Name

First Name

Middle Name

Do you have a driver license that is valid or that expired within the past year, issued by another US State, the District of Columbia or a Canadian Province? Yes No

If "Yes", where was it issued? _____

Date of Expiration: _____ License Type: _____ License Number: _____

Address Where You Get Your Mail (mailing address) - Include Street Number and Name (If PO or Private Box, also fill in "Address Where You Live" below)

	City or Town	State	Zip Code
--	--------------	-------	----------

Address of Residence (physical address) - This address will be printed on your license

	City or Town	State	Zip Code
--	--------------	-------	----------

Social Security Number*:	Date of Birth (MM/DD/YYYY):	Place of Birth (City, State & Country):
---------------------------------	------------------------------------	--

*The disclosure of your social security or federal identification number is mandatory, is solicited by the authority granted by 42 U.S.C. § 405(c)(2)(C) and/or 666(a)(13) and will be used by the Department of Motor Vehicles in the administration of motor vehicle, tax and child support laws, to identify individuals affected by such laws.

If you are (1) applying for a Privilege Card; (2) not registering to vote; and (3) presenting a letter of ineligibility for a Social Security Number, you may leave this field blank.

Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Eye Color:	Height:	Weight:
--	-------------------	----------------	----------------

I hereby affirm, under penalty of perjury, that the information on this form is true to the best of my knowledge. This declaration made under penalties of 23 VSA § 202 & § 4110. Submission of a false voter registration application is subject to the penalties of perjury as provided in 17 V.S.A. § 2011 and in 42 U.S.C. § 1973 gg - 10.	<table border="1" style="width: 100%;"> <tr> <th style="width: 80%;">Signature of Applicant</th> <th style="width: 20%;">Date Signed</th> </tr> <tr> <td style="text-align: center; vertical-align: middle; font-size: 2em;">X</td> <td></td> </tr> </table>	Signature of Applicant	Date Signed	X	
Signature of Applicant	Date Signed				
X					
Signature of Parent or Guardian (if applicant is under 18). I hereby consent to the issuance of the license/permit. Junior Driver's License: I certify my son/daughter has received a minimum of 40 additional hours of practice behind the wheel with at least 10 being nighttime driving.	<table border="1" style="width: 100%;"> <tr> <th style="width: 80%;">Signature of Parent or Guardian</th> <th style="width: 20%;">Date Signed</th> </tr> <tr> <td style="text-align: right; vertical-align: bottom;"> <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian </td> <td></td> </tr> </table>	Signature of Parent or Guardian	Date Signed	<input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian	
Signature of Parent or Guardian	Date Signed				
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian					

Phone Number:	Email Address:
---------------	----------------