

OFFICE USE ONLY	
Image #	

SEE INSTRUCTIONS ON PAGE 2. **PRINT CLEARLY IN BLUE OR BLACK INK.**

CURRENT DOCUMENT	IDENTIFICATION INFORMATION																				
<input type="checkbox"/> License <input type="checkbox"/> Permit <input type="checkbox"/> ID card	ID NUMBER ON NEW YORK STATE DRIVER LICENSE, LEARNER PERMIT, or NON-DRIVER ID CARD (REQUIRED) <table border="1" style="width: 100%; height: 20px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																				

A new permit, driver license, or ID card issued by New York State may cancel any permit, driver license, or ID card you hold in any other U.S. state or the District of Columbia.

YOUR NAME AS IT APPEARS ON YOUR CURRENT NEW YORK STATE DRIVER LICENSE, LEARNER PERMIT, OR NON-DRIVER ID CARD

NEW FULL LAST NAME

NEW FULL FIRST NAME

NEW FULL MIDDLE NAME

Do you have a permit or driver license that is valid or that has expired within the last two years, issued by any place other than New York State?
 Yes No

If "Yes", where was it issued?
 Date of Expiration: _____ Type of License: _____ Out-of-State License ID No.: _____

An out-of-state permit, driver license or ID card may be subject to cancellation upon issuance of a New York permit, driver license or ID card.

SUFFIX	DATE OF BIRTH	SEX	HEIGHT	EYE COLOR	TELEPHONE NUMBER (Home/Mobile)
	Month Day Year	M F X	Feet Inches		Area Code ()

SOCIAL SECURITY NUMBER* (SSN)

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*You must provide the number. Authority to collect your SSN is granted by Sections 490(3) and 502(1) of the Vehicle and Traffic Law. The information will be used for exchange with other jurisdictions, to assist in verification of identity, and for driver license sanctions pursuant to V&T Law Section 510(4-e) and 510(4-f). Your SSN will not be given to the public.

If you have not already changed your name with the Social Security Administration, your application will be rejected.

ADDRESS WHERE YOU GET YOUR MAIL (Must be the same address currently on file with DMV) - Include Street Number and Name, Rural Delivery and/or box number (if PO Box, also fill in "Address Where You Live" below) THIS ADDRESS WILL APPEAR ON YOUR STANDARD IDENTITY DOCUMENT

	Apt. No.	City or Town	State	Zip Code	County
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ADDRESS WHERE YOU LIVE (Must be the same address currently on file with DMV) REQUIRED IF DIFFERENT FROM ADDRESS FOR MAIL - DO NOT GIVE P.O. BOX.

	Apt. No.	City or Town	State	Zip Code	County
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VETERAN STATUS Check this box if you would like to have "Veteran" printed on the front of your photo document. You must provide proof that indicates an honorable discharge from military service (ex: DD-214, DD-215).

NEW YORK STATE ORGAN AND TISSUE DONATION (You must fill out this section)

To enroll in the New York State Donate LifeSM Registry, check the "yes" box and then sign and date below. You are certifying that you are: 16 years of age or older; consenting to donate your organs and tissues for transplantation and research; authorizing DMV to transfer your name and identifying information to the Donate Life Registry; and authorizing federally regulated organ procurement organizations and New York State licensed tissue and eye banks to have access to this information upon your death. "ORGAN DONOR" will be printed on the front of your DMV photo document. You will receive a confirmation, which will also provide you an opportunity to change or limit your donation. If you are 16 or 17 years of age at your time of death, parents/legal guardians may change your decision upon your death. For more information, please visit donatelife.ny.gov.

Check this box to make a \$1 voluntary donation to the Life...Pass It On Trust Fund for organ and tissue donation research and outreach. Your total transaction fee will include the \$1.

You must answer the following question:
 Would you like to be added to the Donate Life Registry?
 Yes (sign and date consent below)
 Skip This Question

Donor Consent Signature and Date _____

VOTER REGISTRATION QUESTIONS (Please check 'Yes' or 'No'.)

If you are not registered to vote where you live now, would you like to apply to register?

YES - Complete Voter Registration Application Section (Not necessary if you bring this form to a DMV office).
 NO - I Decline to Register/Already Registered

NOTE: If you do not check either box, you will be considered to have decided not to register to vote.

REGISTRATION WITH THE UNITED STATES SELECTIVE SERVICE SYSTEM (SSS)

All male U.S. citizens and immigrants ages 18 through 25 must register with SSS or violate the law. Failure to register is a felony punishable by up to five years in prison and/or a \$250,000 fine. If not registered by age 26, you can no longer register and will permanently lose benefits associated with registration, and you will be disqualified from access to: U.S. citizenship if an immigrant; Pell Grants and federal student aid; job training programs; and all federal and postal jobs and many state employment jobs. Should you elect not to register you may do so by checking the "No" box and the pre-mentioned benefits will be lost. NO

PLEASE COMPLETE AND SIGN PAGE 2. →

OFFICE USE ONLY					
License Class	Special Conditions			<input type="checkbox"/> TEENS	
Other Restrictions	Approved By	Date	Office		

THESE QUESTIONS MUST BE COMPLETED FOR ALL LICENSE/PERMIT TRANSACTIONS

1. Has your driver license, learner permit, or privilege to drive a motor vehicle been suspended, revoked or cancelled, or has your application for a license been denied in this state or elsewhere, in the name you provide on this form or any other name?
 Yes No
If "Yes", has your license, permit or privilege been restored, or has your application been approved?
 Yes No
2. Have you received treatment, do you currently receive treatment, or do you take medication for any condition that causes unconsciousness or unawareness (for example, a convulsive disorder, epilepsy, fainting or dizziness, or a heart condition)?
 Yes No
3. Do you need a hearing aid and/or full view mirror to drive a motor vehicle?
 Yes No
4. Have you lost the use of a leg, arm, hand or eye?
 Yes No
- 4a. If you need to renew your driver license and you marked "Yes", did this occur since your last driver license?
 Yes No
- 4b. If you marked "NO" to 4a, has your condition gotten worse since your last driver license?
 Yes No

If you marked "Yes", you must submit form MV-80U.1, even if you were released from the Medical Review Program. You can get this form at any Motor Vehicles office or at dmv.ny.gov

CERTIFICATION

I certify that the information I have given on this application and on any documentation provided in support of this application is true and complete.
I understand that making a false statement on this application, or submitting any documentation in support of this application that is false, may be punishable as a criminal offense.
I understand that personally identifiable information collected for the purpose of issuing a license or identification card may be verified against nationwide DMV systems for accuracy.
If I am a male at least 18 but less than 26 years old, unless I have opted "no" to United States Selective Service System (SSS) registration on Page 1, I hereby affirmatively opt to register with the SSS and consent to DMV forwarding my personal information to the SSS for registration.

PRINT NAME HERE

DATE:
____ / ____ / ____

SIGN HERE →

Your entire signature must be contained within the box.

INSTRUCTIONS

- This form is **ONLY** to be used to apply for a name change on an existing STANDARD license, permit, or non-driver ID (All EDL, REAL ID, and CDL are excluded).
- No other information changes are allowed as part of this transaction (height, gender, address, etc.)
- The name on your new Social Security Card must exactly match the name requested for your new DMV document.
- You must have a Social Security Number on file with the Department of Motor Vehicles.
- You must provide a copy of your current license/photo document with this request.
- You must provide copies of any of the following that are appropriate proofs of your name change: government-issued marriage certificate, government-issued court order, amended birth certificate, divorce papers (must indicate a name change), OR naturalization papers.
- Your full signature must remain within the signature box. This signature will be used on your new document. Signatures with lines touching or crossing over the edges of the box will be rejected.
- You must pay the fee listed at dmv.ny.gov/driver-license/fees-refunds "Fee to change information on a driver license or learner permit". If you do not pay the fee, you will not receive your new document.
- You may mail this application and payment (personal check or money order) to the following New York State DMV location:

NYS DMV - Utica Processing Center
207 Genesee Street, 15th Floor
Utica, NY 13501

This application will only affect your photo document. You will need to apply for a name change on your other DMV issued documents (registration, title, etc) separately. For more information, visit <https://dmv.ny.gov/address-change/how-change-information-dmv-documents>.

NEW YORK STATE VOTER REGISTRATION APPLICATION INFORMATION

(Please read before you complete application on the other side.)

OFFICE USE ONLY

Use the NYS Voter Registration Application to Register to Vote in NYS Elections, and/or:

- change the name or address on your voter registration
- become a member of a political party
- change your party membership
- pre-register to vote if you are 16 or 17 years of age

To Register You Must:

- be a U.S. citizen
- be 18 years old (you may pre-register at 16 or 17 but cannot vote until you are 18)
- not be in prison for a felony conviction
- not claim the right to vote elsewhere
- not found to be incompetent by a court

If you do not complete the New York State Voter Registration Application, you will be considered to have declined to register to vote. If you decline to register to vote, the fact that you have declined to register will remain confidential and will be used only for voter registration purposes. If you do register to vote, the office at which you submit a voter registration application will remain confidential and will only be used for voter registration purposes. If you believe that someone has interfered with your right to register or decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the New York State Board of Elections, 40 North Pearl Street, Albany, NY 12207-2729 (phone: 1-800-469-6872).

Your completed application will be sent to the Board of Elections and you will be notified by your County Board of Elections when your application has been processed. If you have any questions about filling out the voter registration application or registering to vote, you should call your County Board of Elections or call 1-800-FOR-VOTE (TDD/TTY dial 711) (only for voter registration questions). If you live in New York City, you should call 1-866-VOTE-NYC. You may also find answers or tools at the New York State Board of Elections website www.elections.ny.gov

Información en español: si le interesa obtener este formulario en español, llame al 1-800-367-8683

中文資料: 若您有興趣索取中文資料表格, 請電: 1-800-367-8683

한국어: 한국어 양식을 원하시면 1-800-367-8683 으로 전화 하십시오.

যদি আপনি এই ফর্মটি বাংলাতে পেতে চান তাহলে 1-800-367-8683 নম্বরে ফোন করুন

NEW YORK STATE VOTER REGISTRATION APPLICATION

Only fill this out if you want to register to vote or change your address or other information with the Board of Elections.

Are you a citizen of the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If you answer NO, you cannot register to vote.</i>	Will you be 18 years of age or older on or before election day? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you at least 16 years of age and understand that you must be 18 years of age on or before election day to vote, and that until you will be eighteen years of age at the time of such election your registration will be marked "pending" and you will be unable to cast a ballot in any election? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answer NO to both of the prior questions, you cannot register to vote.
Have you voted before? <input type="checkbox"/> Yes <input type="checkbox"/> No What Year?	Voting information that has changed: Skip if this has not changed or you have not voted before. Your name was _____ Your address was _____ Your state or New York State County was: _____
More Information (Optional)	Email _____ Telephone Number _____

Political Party

You must make 1 selection. Political party enrollment is optional but that, in order to vote in a primary election of a political party, a voter must enroll in that political party unless state party rules allow otherwise.

I wish to enroll in a political party:

- Democratic party
- Republican party
- Conservative party
- Working Families party
- Other: _____

I do not wish to enroll in any political party and wish to remain an independent voter

- No party

AFFIDAVIT: I swear or affirm that

- I am a citizen of the United States.
- I will have lived in the county, city, or village for at least 30 days before the election.
- I meet all requirements to register to vote in New York State.
- This is my signature or mark on the line below.
- The above information is true. I understand that if it is not true, I can be convicted and fined up to \$5,000 and/or jailed for up to four years.

Sign **X** _____ Date _____