

Customer: Please complete the area inside the black box by printing in ink.

MICHIGAN DEPARTMENT OF STATE DRIVER LICENSE AND ID CARD APPLICATION

Making a false statement on a driver license or ID card application can result in fines or criminal prosecution and action against your driving privilege. Department personnel will notify law enforcement if they believe a fraudulent application is being made.

FULL LEGAL NAME (First) (Middle) (Last)		ARE YOU A CITIZEN OF THE UNITED STATES?	
RESIDENCE ADDRESS (Required)		ARE YOU A RESIDENT OF THE STATE OF MICHIGAN?	
CITY	ZIP	IN THE LAST SIX MONTHS* HAVE YOU HAD A MEDICAL CONDITION WHICH AFFECTED YOUR ABILITY TO DRIVE? (*Twelve months if applying for a chauffeur or commercial driver license.)	
COUNTY	CHECK ONE: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	IN THE LAST SIX MONTHS* HAVE YOU HAD A FAINTING SPELL, BLACKOUT, SEIZURE, OR OTHER LOSS OF CONSCIOUSNESS? (*Twelve months if applying for a chauffeur or commercial driver license.)	
DATE OF BIRTH (Month/Day/Year)	HEIGHT (FT/IN) WEIGHT	IS YOUR DRIVER LICENSE CURRENTLY SUSPENDED, REVOKED, CANCELLED OR DENIED IN MICHIGAN OR ANY OTHER STATE?	
PHONE NUMBER/EMAIL	EYE COLOR	WILL YOU BE OPERATING A MOTORCYCLE ON PUBLIC ROADS?	
PERMANENT MAILING ADDRESS (if different from residence)		PLEASE CHECK IF YOU WANT YOUR NAME ADDED TO THE ORGAN DONOR REGISTRY?	
MAILING ADDRESS CITY STATE ZIP CODE		WOULD YOU LIKE TO ADD THE VETERAN'S DESIGNATION TO YOUR DRIVER LICENSE OR PERSONAL ID? (Proof of honorable or under honorable conditions (general) discharge required.)	

To be eligible to vote, you must be:

- a United States citizen
- at least 18 years old
- a 30-day resident of your city or township in Michigan

We will register you to vote unless you check the box below.

Do not use my information for voter registration.

We will not share your driver license and social security number, day and month of birth, email, phone number (or decision to not register). Some voter registration information, however, is public.

I hereby certify, under penalty of perjury, that the information contained on this application is true and correct, and that a court is not holding my license. I understand that if I have provided false information to apply to register to vote, I may be subject to Federal or State criminal penalties.

Applicant, sign here

Today's date

X

*** (THE SECTIONS BELOW ARE FOR DEPARTMENTAL USE ONLY) ***

APPLICATION TYPE (Circle one)	LICENSE TYPE	GROUP DESIGNATION	ENDORSEMENTS
TIP ORG. REN. DUP. CORR. VAL. O C M	GDL 1 GDL 2 GDL 3 PID	A B C	CY F H N P R S T SEAS.
CORRECTIVE LENS?	SAVE CASE NUMBER		SOCIAL SECURITY DOCUMENT PRESENTED
<input type="checkbox"/> YES <input type="checkbox"/> NO	Refer to Skills Test Certificate or Record of Certificate in CSTIMS		
LEGAL PRESENCE DOCUMENT PRESENTED			
U.S. BIRTH CERTIFICATE (original or certified copy)	STATE	COUNTY	FILE #
U.S. PASSPORT OR PASSPORT CARD	ISSUE DATE	EXP. DATE	FILE #
CONSULAR REPORT OF BIRTH ABROAD (FS-240, DS-1350, FS-545)	ISSUE DATE	FILE #	
CERTIFICATE OF CITIZENSHIP (N-560, N-561)	ISSUE DATE	ALIEN #	CERTIFICATE #
CERTIFICATE OF NATURALIZATION (N-550, N-570, N-578)	ISSUE DATE	ALIEN #	CERTIFICATE #
ENHANCED MICHIGAN DL/PID	EXP. DATE	DL/PID NUMBER #	
PERMANENT RESIDENT CARD (I-551) (valid, unexpired)	EXP. DATE	ALIEN #	ALIEN #
EMPLOYMENT AUTHORIZATION CARD (EAD)	ISSUE DATE	EXP. DATE	FILE #
U.S. VISA (immigrant or non-immigrant)	TYPE (F-1, J-1 etc.)	EXP. DATE	FILE #
FOREIGN PASSPORT WITH PORT OF ENTRY STAMP	COUNTRY	EXP. DATE	FILE #
ARRIVAL AND DEPARTURE FORM (I-94)	ISSUE DATE	EXP. DATE	FILE #