



Please do not write in the shaded areas.  
New Soundex

Old Soundex

Test Place

Exp. Date

**Application for a Maryland Non-Commercial Driver's License** Please read carefully  
Print in black or type

**I Am Applying For:**

- A Learner's Permit and am UNDER 21 Years Old
- A Learner's Permit and am 21 Years or Older
- A Driver's License and am UNDER 21 Years Old
- A Driver's License and am 21 Years or Older
- A Duplicate Driver's License or Learner's Permit
- A Corrected Driver's License or Learner's Permit
- A FULL License from a Provisional License Status
- A Moped Permit

**If applying for a Duplicate License, please give reason:**

- Lost
- Stolen
- Mutilated
- Taken by Law Enforcement
- Other

**If applying for a Corrected License, please give reason:**

- Marriage
- Divorce
- Reassume Birth Name or Other Former Name (See instructions below)
- Court Order (If your name was changed by Court Order, attach a copy of that Order)
- Change of Address
- Add Organ Donor Designation
- Remove Organ Donor
- Error
- Restriction Change
- Other

**If applying for a Full License from a Provisional License:**

Have you been convicted of any moving violations which occurred within the last 18 months?  Yes  No  
 Have you been charged with any moving violations that occurred within the last 18 months, but are not yet convicted?  Yes  No  
 If Yes to either, please print date of violation(s) and where:  
 Date(s): \_\_\_\_\_ Where? \_\_\_\_\_  
 (Conversion Eligibility Periods Vary)

Your license may be cancelled if the MVA determines you were convicted of a moving violation which occurred while holding a Provisional license.

**I Want to Be Licensed To Drive:**

- Cars, pick-up trucks, non-commercial vehicles 26,000 lbs./less (except trailers 10,001/more lbs. or motorcycles) **Class C**
- Motorcycles **Class M**
- Non-commercial vehicles up to and including 26,001/more lbs. (except trailers 10,001/more lbs. or motorcycles) **Class B**
- All Non-commercial vehicles except motorcycles **Class A**
- Mopeds **Class K**

**Applicant Information (Please Print)**

First Name	Middle Name	Last Name
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**Enter street address or R.F.D. and Box No. in this block.** (A P.O. Box may be listed after a residence address, if the Box is in the same city and zip code. The use of private mail drop addresses are not permitted.)

City/Town	State	County	Zip Code	
Height	Weight	Sex	Date of Birth (Month/Day/Year)	Restrictions

Are you of Hispanic or Latino origin?  Yes  No  
 Are you...?  (1) Black or African American  (2) White  (3) Asian  (3) Native Hawaiian or Other Pacific Islander  (4) American Indian or Alaska Native  
 NOTE: (5) Multiracial applicants may check all boxes which apply.

Social Security Number: (Will be used only for driver licensing & registration purposes)

**Instructions to reassume birth name or former name**

An individual may reassume a name previously used provided the name is used openly, consistently, and without fraudulent intent. To reassume a previous name, you must bring an original or true test copy of the birth certificate or marriage license and one other form of identification (Example: a social security card, voter registration card, bank statement, etc.).

If name has changed, print **former** name here

First Name	Middle Name	Last Name
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For more information, please call: 1-800-638-8347 (touch tone calls only), 1-800-950-1MVA (1682) (to speak with a customer service representative), From Out-of State: 1-301-729-4550, TDD for the hearing impaired: 1-800-492-4575.



**ALL License Applicants must answer the following:**

1. For the safety of all drivers, the Motor Vehicle Administration must consider your medical status as part of your license request. If you have a medical condition which could affect your driving, you are required to report it to the MVA. All medical data is kept confidential and will only be used by the MVA to determine your qualifications to drive.  
Have you been diagnosed with any physical or mental disabilities, other than vision, which may affect your driving?  
 Yes  No  
If yes, please submit with this application a certificate from your doctor indicating the onset of your disability, diagnosis, prognosis, and medications, if any.
  2. If you obtain a Maryland driver's license, will this be your **first** driver's license?  Yes  No  
2a. If **no**, when did you obtain your **first** license and from where? When? \_\_\_\_\_  
From where? \_\_\_\_\_
  3. Do you currently have a driver's license?  Yes  No  
3a. If **yes**, from where? \_\_\_\_\_ (what State, Country or jurisdiction?)  
3b. License Number: \_\_\_\_\_ License Expiration Date: \_\_\_\_\_  
3c. How long have you held a driver's license?  Less than 6 months  6 to <12 months  12 to <18 months  
 18 months **or more**
  4. Is your driver's license or privilege to drive suspended, revoked, refused or cancelled in this or any other state, Washington D.C. or Canada?  
 Yes  No **If yes, you are not eligible for a Maryland driver's license**
  5. Have you ever applied for a license under a different name?  Yes  No  
If **yes**, print the **full** name under which you applied **here**: \_\_\_\_\_
  6. Do you have a vehicle(s) registered in another state?  Yes ( Maryland registration within 30 days required)  No  
6a. If **yes**, give Tag Number(s) & State(s): **vehicle no. 1:** Tag Number(s): \_\_\_\_\_ State: \_\_\_\_\_  
**vehicle no.2:** Tag Number(s): \_\_\_\_\_ State: \_\_\_\_\_
- Please check, if upon your death, you desire to help others by becoming an organ donor.  Yes  No

**Certification of Signator(s)**

**It is illegal for anyone to give false or fictitious information for a Driver's License or Identification Card. Since this certification is considered part of the application, anyone who provides or certifies to a false or fictitious statement or information herein may be prosecuted and/or have his or her license or ID Card cancelled.**

**Applicant Certification**

I certify, under penalty of perjury, that the statements made on this application are true and correct to the best of my knowledge, information and belief.

Signature of Applicant	Date
Applicant's Employer's Name	Applicant's Employer's Telephone Number
Applicant's Employer's Address	

**Co-Signer Certification(s)**

**Co-Signature of a parent, guardian, or spouse is required when applicant is under 18 years of age.**

I certify, under penalty of perjury, that the statements made and information on this application are true and correct to the best of my knowledge, information and belief. My relationship to the applicant is that of:  Parent  Guardian  Spouse  
**(If not parent, documentation is required)**

Zip Code

Signature of Co-Signer	Date	Co-Signer's License Number
Co-Signer's <b>full</b> mailing address	City/Town	State

If the parents are deceased and there is no legal guardian or spouse, the application may be signed by:  
 Employer, **or**  A responsible adult **(If not parent, documentation is required)**

**Maryland law requires you as a co-signer to notify the MVA within 30 days of changing your mailing address. The requirement remains in effect until the minor becomes 18 years of age. Be sure to include the above minor's full name on your change of address request.**



Eye Test	W/O Lenses	W/ Lenses	FOV	Refrd	Employee	Eye Test	W/O lenses	W/ lenses	FOV	Cert.	Employee
Right eye	20/	20/	degrees			Right eye	20/	20/	degrees		
Left eye	20/	20/	degrees			Left eye	20/	20/	degrees		
Both eyes	20/	20/	degrees			Both eyes	20/	20/	degrees		

**140° continuous field of vision required for unrestricted license.      140° continuous FOV required for unrestricted license.**

Knowledge Test	Test Location _____								
	Date	Score	Examiner	Date	Score	Examiner	Date	Score	Examiner
Non-Commercial									

Vehicle Information A  B  C  M

Make \_\_\_\_\_ Tag Number \_\_\_\_\_ State \_\_\_\_\_ Trailer Tag \_\_\_\_\_ State \_\_\_\_\_

**Skill Test — Non-Commercial Only**

	Place	Date	Examiner		Place	Date	Examiner
Fail				Fail			
Fail				Fail			
Fail				Pass			

Examiner's Comments: \_\_\_\_\_  
 \_\_\_\_\_

**Driver's Education:** \_\_\_\_\_  
 school # \_\_\_\_\_ certificate # \_\_\_\_\_ completion date \_\_\_\_\_

Skills Log Received:  yes  no      3 hr Alcohol & Drug Certificate Received:  yes  no

**Maryland Motorcycle Safety Program — Motorcycle Rider Course Certification**

MS Number \_\_\_\_\_ Certification Expiration Date \_\_\_\_\_

Private Provider (PP)/ Offsite Testing Program Certification (OTP)

Prvt Prvdr/ OTP Certificate # \_\_\_\_\_ Prvt Prvdr/ Company Name \_\_\_\_\_

**Certifications**

**Certification 1: Prior to Driving Test (Circle one)**

**1st time    2nd time    3rd time    4th time**

A. Have you been convicted of a moving violation which occurred within the last 4 months?    yes / no    yes / no    yes / no    yes / no

B. Have you been charged with any moving violation that occurred within the last 4 months?    yes / no    yes / no    yes / no    yes / no

**if yes to either, print the date of the violation** \_\_\_\_\_

**I certify under penalty of perjury that the statements made above true and correct to the best of my knowledge, information, and belief.**

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_      Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_      Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Certification 2: After the Driving Test**

**The person described on the face of this document has personally appeared before me and has successfully completed the prescribed tests.**

License Class \_\_\_\_\_ Restrictions \_\_\_\_\_

Examiner Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Signature After Test \_\_\_\_\_ Date \_\_\_\_\_

CSR Signature \_\_\_\_\_ Date \_\_\_\_\_



**MVA Use Only (Do Not Write in Shaded Area)**

**Primary Sources (two items are required)**

- Government-issued Birth Certificate or certified copy (U.S. or territorial)
- Social Security Card
- Valid U.S. Passport
- Valid U.S. Military Identification Card or Discharge Record (DD214)
- Maryland Driver's License
- Maryland Identification Card
- Out-of-state Driver's License (valid or expired)
- Out-of-state Identification Card (valid or expired)
- Certificate of Naming from a religious institution such as a Baptismal Certificate or synagogue Naming Certificate, issued during the first year of life
- Certified school records
- Valid out-of-country passport, must include visas, as required
- Certificate of U.S. Citizenship (INS Form N-560 or N-561)
- Valid Alien Registration Receipt Card (I-551)
- Valid Employment Authorization Card (I-688-A or I-688-B)
- Valid Employment Authorization Document (I-766)
- Valid Temporary Resident Card (I-688)
- Certificate of Naturalization (INS Form N-550 or N-570)
- I-94 Arrival & Departure Record (refugee)
- Out-of-country driver's license, with translation into English, if required (valid or expired)
- International Driver's License (valid or expired)
- U.S. Government Driver's License
- Image Retrieval

**Secondary Sources**

- Selective Service Card
- Pistol permit with photograph or fingerprint
- Vehicle Registration Card or Title
- Voter Registration Card
- Document prepared by government agency, which contains the applicant's name and signature
- Utility or telephone bill (in applicant's name)
- Checking or savings account statement
- Life insurance card or policy (over 3 years old)
- Property tax bill or receipt
- Mortgage account or proof of home ownership

- Residential rental contract
- Canceled check with imprinted name and address
- Marriage Certificate
- Divorce decree
- Retail sales/financial institution sales agreement

**Proof of Residence (two items are required)**

*Please note: The address on the document must match the address on your application:*

- Residency Certification
- Selective Service Card
- Maryland Vehicle Registration Card or Title
- Voter Registration Card
- Utility, telephone, or cable TV bill
- Checking or savings account statement (bank or credit union)
- Life, car, health or home-owners insurance card, bill or policy (over 3 years old)
- Property tax bill or receipt
- Mortgage account or proof of home ownership
- Residential rental contract
- Canceled check with imprinted name and address
- First class mail from any government agency
- Major credit card bill
- Installment loan contract from a bank or other financial institution
- Sales tax or business license
- U.S. Savings Bond
- Residential service contract (for example TV repair, lawn service, or exterminator contract)
- Probation Court Order, Order of Parole or Order of Mandatory Release
- W-2 form not more than 18 months old
- Pay check/stub with name and address
- U.S. mail with forwarding address label
- Investment statements
- Retirement plan statements
- Current transcript from an accredited college or university
- Signed tax return not more than 18 months old
- Mail, with post-marked envelope, from an accredited college or university.

The MVA will accept certification from a parent, nursing homes, and homeless shelters under certain conditions for Proof of Residence. We will also accept certification from the holder of a valid Maryland Driver's License or Identification under certain conditions for Proof of Residence.

CSEA Case #:

CSEA Clearance Received  Yes  No

Employment Certification Received  Yes  No

\_\_\_\_\_  
employee signature

\_\_\_\_\_  
date

\_\_\_\_\_  
employee signature

\_\_\_\_\_  
date



Register to vote with your driver's license application. Ask a customer service representative for details.