DLD Office Use Only:		Γ ID # 218809978	
\$15 LERN ORG LERN	APPLICATION - Print on white paper and dark ink		
DPC DL CDL ID IDD	FULL LEGAL NAME: Zhou Keming		
LTID LTDL LTCDL	NAME: Zhou Keming Last First	Middle Suffix	
Class: A B C D			
	DATE OF BIRTH 10/02/1956 Social Security # or ITIN (This information will not show	w on your Driver License or ID Card)	
End. H N X Z P S T M	UTAH RESIDENCE		
Visual Acuity: Passed Failed Eye Statement	ADDRESS: 7496 S 2340 E  Number/Street/Apartment	Salt Lake City 84121-4052 Zip Code	
Restrictions: A B K L G V	MAILING ADDRESS 7496 S 2340 E	Salt Lake City 84121-4052	
J:	ADDRESS: 7496 S 2340 E P O Box/Number/Street/Apartment	City Zip Code	
Motorcycle Restrictions: O 2 3	неіднт: <u>5</u> гт. <u>6</u> ін. weight: <u>150</u>		
Testing: Written Road Ref /Asyl	HAIR COLOR: Black EYE COLOR: Black	GENDER: Male Female	
Station Code, Employee Number, Initials:	Applicant's Place Mother's Ma Of Birth Zhejiang, China Name	iden Zhang Huizhen	
Name Change:	State/ Country NOTICE: APPLICANT MUST ANSWER ALL QUESTIONS.	Last First	
From:	QUESTIONS MAY RESULT IN WITHDRAWAL OF DRIVIN  * Yes No Are you a U.S. Citizen?		
To:	Yes No Are you a legal permanent re		
ID#1	Yes No. If you are a citizen of another lawful presence in the United	States?	
ID # 2	Yes No I would like to register my desire to be an of anatomical gift).	organ, eye, and tissue donor (tite saving	
Legal Presence	Yes No Are you a U.S. Military Veteran? Yes No If yes, do you authorize sharing this inform	nation with the Utah Division of Veterans	
BC Name	Affairs for the purpose of identifying veter information?		
DOP Eile Date	Yes No If you have been honorably discharged from		
DOB File Date	a VETERAN indicator on your driver lices Yes No Are you required to register as a sex offend		
State File #	with the U.S. Government?	-	
Iss. Agency	Yes No If you are <b>not</b> registered to vote where you today? (U.S. CITIZENS ONLY)		
<b>SSN:</b> Date:	Yes No Do you now have, or have you ever been is country or province? If yes, list states/cour	ssued, a driver license by another state, atries/provinces:	
SSV: Yes / Override Date:	Yes No If you are a CDL driver, have you been lic	Exp. Dateensed in another state within the last 10	
Address Verified: Y / N	years? If yes, please list: #  Yes No In the last 10 years, has your driving privile		
SAVE: 1 <sup>st</sup>	denied or disqualified? If yes, State:	#	
2 <sup>nd</sup> 3 <sup>rd</sup>	Yes No Are you required to carry a medical certific	cate (DOT card)? If yes, are you in	
Final Approved/exp. Denied	compliance? Certificate expires:  Yes x No Do you wish to contribute a \$2.00 donation to the "Friends for Sight" fund?		
	Yes No Do you wish to contribute a \$2.00 donation tissue donation?	to educate people about organ, eye and	
Emp Date	Yes No Do you wish to contribute a \$1.00 Donation		
CDLIS: CSR CBU CDR DHR	Yes No Do you claim to be disabled under the Ame Yes No Do you claim to be indigent and are applying		
SI: SI: SI:	Print the name of the person signing for minor:  Fath	ner Mother Guardian	
COLD	License Fee Charity Fee		
CND:CSR:	ID Card Original  S Charity Fee  S S		
Match No Match Pending Eligible Not Eligible Error Lic	Provisional Reinstate Fee		
	\$15 Lern Perm		
PDPS: SB:	Renew 65 Admin Fee		
License Surrender YES NO CDL YES NO	Lapsed S Cash Check Lapsed 65 Credit Voucher		
10 Year History YES NO	Lapsed 65 Credit Voucher  Duplicate ID Fee		
ISS: EXP:	Upgrade		
	Downgrade Other		
StateEndorsement:	Retest Fee \$	DLD 6A pg l rev 06/2012	
License #	<u></u>	DLD OA pg 11cv U0/2012	

NAME: Keming	Zhou	DOB: 10/02/1956 UT LICENSE # 147329080	UT ID# 218809978
Examiner Notes and C	ompleted Date Stamp:		
DO YOU HA	VE, OR HAVE YOU HA	D, ANY OF THE FOLLOWING CONDITIONS IN THE I	LAST FIVE YEARS?
		d sugar, sugar diabetes you control with diet, medication or insterfere with driving safety?	ulin) or hypoglycemia or other metabolic
Yes 🗷 No B. Cardi	ovascular: Heart condition	on, with or without symptoms (heart attack, heart surgery, irreger hypertension (high blood pressure) not controlled with medical	ular rhythm, general heart disease)
Yes No C. Pulmo	onary: Pulmonary (lung)	condition (asthma, emphysema, passing out from coughing, etc	
		er the only medication prescribed for this condition?	
Yes No D. Neuro	ologic: Neurological cond	equired to use supplemental oxygen while driving? ition (stroke, head injury, cerebral palsy, multiple sclerosis, mu	scular dystrophy, Parkinson's disease, etc.)
wh	ich may interfere with driv	ving safety? her episodic conditions which include any recurrent loss of cor	
Co	ommercial: Anytime durin	ng your life? Yes No	
Yes No G. Psych	iatric: Psychological con	ing and memory difficulties observed personally or reported to dition (severe anxiety, severe depression, severe behavioral modern and the contract of the con	ood conditions, schizophrenia, or other
		alization has occurred or been recommended by a physician or use of alcohol and/or prescription drugs, or use of any illegal	other mental health professional.)
dr	ugs; or treatment or recom	mendation for treatment of alcohol use or chemical dependence contact lenses for driving?	y?
Yes No Is you	ur visual acuity worse than	20/40 in the better eye, even with corrective lenses?	
		progressive eye condition? se in peripheral (side) vision?	
		lities: Loss or paralysis of all or part of an extremity; or onset of	of a general debilitating illness requiring
	eatment? Yes No New or ch	anged in the past 5 years?	
	Yes No Present los	nger than 5 years?	
Yes 🗷 No K. Alert	ness or Sleep Disorders:	Do you have a condition that produces abnormal sleepiness? (s	
		you are a commercial driver) No hearing requirements have been you experienced any sudden vertigo or infection of the inner	
w	hich might interfere with o	driving ability and safety?	,
<del>-</del> -	•	or use of medications which might interfere with driving ability	or safety?
Pleas	e explain:		
		Reset Form	Print Form
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