

DLD Office Use Only:

\$15 LERN ORG LERN
DPC DL CDL ID IDD
LTID LTDL LTCDL

Class: A B C D

End. H N X Z P S T M

Visual Acuity: Passed Failed Eye Statement

Restrictions: A B K L G V

J: _____

Motorcycle Restrictions: O 2 3

Testing: Written Road Ref/Asyl

Station Code, Employee Number, Initials:

Name Change: From: _____ To: _____

ID # 1 _____

ID # 2 _____

Legal Presence _____

BC Name

DOB _____ File Date _____

State File # _____

Iss. Agency _____

SSN: _____ Date: _____

SSV: Yes / Override _____ Date: _____

Address Verified: Y / N _____

SAVE: 1st _____

2nd _____ 3rd _____

Final _____ Approved/exp. _____ Denied

Emp _____ Date _____

CDLIS: CSR CBU CDR DHR

SI: _____ SI: _____ SI: _____

CND: _____ CSR: _____

Match No Match Pending
Eligible Not Eligible Error Lic

PDPS: SB: _____

License Surrender YES NO

CDL YES NO

10 Year History YES NO

ISS: _____ EXP: _____

State _____ Endorsement: _____

License # _____

UT LICENSE # 147329080

UT ID # 218809978

APPLICATION - Print on white paper and dark ink

FULL

LEGAL

NAME: Zhou

Last

Keming

First

Middle

Suffix

DATE OF BIRTH 10/02/1956

mm/dd/yyyy

Social Security # or ITIN 529-49-4531

(This information will not show on your Driver License or ID Card)

UTAH RESIDENCE

ADDRESS: 7496 S 2340 E

Number/Street/Apartment

Salt Lake City

City

84121-4052

Zip Code

MAILING

ADDRESS: 7496 S 2340 E

P O Box/Number/Street/Apartment

Salt Lake City

City

84121-4052

Zip Code

HEIGHT: 5 FT. 6 IN. WEIGHT: 150

HAIR COLOR: Black EYE COLOR: Black GENDER: [x] Male [] Female

Applicant's Place

Of Birth Zhejiang, China

State/ Country

Mother's Maiden

Name Zhang

Last

Huizhen

First

NOTICE: APPLICANT MUST ANSWER ALL QUESTIONS. FAILURE TO TRUTHFULLY COMPLETE QUESTIONS MAY RESULT IN WITHDRAWAL OF DRIVING PRIVILEGE OR IDENTIFICATION CARD.

[x] Yes [] No Are you a U.S. Citizen?

[] Yes [] No Are you a legal permanent resident alien or a U.S. National?

[] Yes [] No If you are a citizen of another country, do you have evidence of lawful presence in the United States?

[] Yes [x] No I would like to register my desire to be an organ, eye, and tissue donor (life saving anatomical gift).

[] Yes [x] No Are you a U.S. Military Veteran?

[] Yes [] No If yes, do you authorize sharing this information with the Utah Division of Veterans Affairs for the purpose of identifying veterans and disseminating veteran benefit information?

[] Yes [] No If you have been honorably discharged from the U.S. military, would you like to have a VETERAN indicator on your driver license or ID card?

[] Yes [x] No Are you required to register as a sex offender with the State of Utah, any other state, or with the U.S. Government?

[] Yes [] No If you are not registered to vote where you live now, would you like to register to vote today? (U.S. CITIZENS ONLY)

[] Yes [x] No Do you now have, or have you ever been issued, a driver license by another state, country or province? If yes, list states/countries/provinces: # _____ Exp. Date _____

[] Yes [] No If you are a CDL driver, have you been licensed in another state within the last 10 years? If yes, please list: # _____, # _____

[] Yes [x] No In the last 10 years, has your driving privilege been suspended, revoked, canceled, denied or disqualified? If yes, State: # _____ Why _____?

[] Yes [x] No Are you required to carry a medical certificate (DOT card)? If yes, are you in compliance? Certificate expires: _____

[] Yes [x] No Do you wish to contribute a \$2.00 donation to the "Friends for Sight" fund?

[] Yes [x] No Do you wish to contribute a \$2.00 donation to educate people about organ, eye and tissue donation?

[x] Yes [] No Do you wish to contribute a \$1.00 Donation to the "Mobility Assistance Fund"?

[] Yes [x] No Do you claim to be disabled under the Americans With Disabilities Act?

[] Yes [x] No Do you claim to be indigent and are applying for an ID card for voting purposes?

Print the name of the person signing for minor:

_____ Father [] Mother [] Guardian []

Table with 3 columns: Fee Type, Amount, and Other. Rows include License Fee, Charity Fee, ID Card Original, Provisional, Reinstatement Fee, \$15 Lern Perm Renewal, Admin Fee, Lapsed 65, Lapsed 65, Duplicate, ID Fee, Upgrade, Upgrade prev lic, Downgrade, Retest Fee, and TOTAL.

Examiner Notes and Completed Date Stamp:

DO YOU HAVE, OR HAVE YOU HAD, ANY OF THE FOLLOWING CONDITIONS IN THE LAST FIVE YEARS?

- Diabetes, Cardiovascular, Pulmonary, Neurologic, Epilepsy, Learning and Memory, Psychiatric, Alcohol and Drugs, Vision, Musculoskeletal/Chronic Debilities, Alertness or Sleep Disorders, Hearing Impairment, Balance (ENT Problems), Other.

Reset Form

Print Form