



APPLICATION FOR DRIVING PRIVILEGES OR ID CARD

ORIGINAL RENEWAL REPLACEMENT

DRIVER LICENSE <input type="checkbox"/> CLASS C <input type="checkbox"/> CLASS C RESTR'D	LT CONVERT <input type="checkbox"/>	INSTRUCTION PERMIT <input type="checkbox"/> CLASS C <input type="checkbox"/> MOTORCYCLE	ENDORSEMENT <input type="checkbox"/> MC <input type="checkbox"/> MC-3 <input type="checkbox"/> FARM	ID CARD <input type="checkbox"/>	AT-RISK <input type="checkbox"/>
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APPLICANT INFORMATION:

NOTE: YOUR ADDRESS BELOW MUST BE CURRENT. THE U.S. POSTAL SERVICE WILL NOT FORWARD YOUR LICENSE OR ID CARD.

LAST NAME (PRINT NAME)		FIRST NAME		MIDDLE NAME		SOCIAL SECURITY NUMBER	
OREGON DRIVER / ID NUMBER	DATE OF BIRTH (M-D-Y)	MOTHER'S MAIDEN NAME	APPLICANT'S PLACE OF BIRTH (CITY & STATE OR COUNTRY)		TELEPHONE NUMBER ()		
RESTRICTIONS	Do you want your license or ID card to show that you are an anatomical donor? <input type="checkbox"/> YES <input type="checkbox"/> NO		HEIGHT FT. IN.	WEIGHT LBS.	SEX (CIRCLE) M F X	HAIR COLOR	EYE COLOR
RESIDENCE ADDRESS			MAILING ADDRESS (IF DIFFERENT FROM RESIDENCE ADDRESS)				
CITY, STATE, ZIP CODE			CITY, STATE, ZIP CODE				

CURRENT OR PREVIOUS MILITARY SERVICE: By checking this box I authorize DMV to send my name and address to the Oregon Department of Veterans' Affairs (ODVA) for the purpose of receiving benefit information.

NOTE: Voter registration forms are available at the DMV office. If you would like to register to vote today; please ask a DMV clerk.

DRIVING HISTORY:

1. Have you ever had a driver license from another state, U.S. territory, or country? YES NO If yes, what state or country: _____ Number (if known): _____

2. Is your driver license currently suspended, cancelled or revoked? YES NO

3. List other names you have used on a driver license or ID card. 1. _____ 2. _____

MEDICAL FITNESS: Skip this section if applying for an Identification Card.

You are required to report any mental or physical condition or impairment that affects your ability to drive safely. You are not required to report all your health conditions – only those that affect your ability to drive safely. DMV will use your answers to the following questions only for the purpose of determining your eligibility for an Oregon driving privilege. If you have a condition or impairment that makes you unable to safely operate a motor vehicle, you are not eligible for a driving privilege until you have provided additional medical information and/or passed DMV tests. **If you answer "Yes" to any one of the questions below, we will not be able to issue you a license at this time.**

1. Do you have a vision condition or impairment that has not been corrected by glasses, contacts or surgery that affects your ability to drive safely? YES NO

2. Do you have any physical or mental conditions or impairments that affect your ability to drive safely? YES* NO
* If Yes: a) What is the condition or impairment?: _____
b) Describe how this affects your ability to drive safely: _____

3. Do you use alcohol, inhalants, or controlled substances to a degree that affects your ability to drive safely? YES* NO
* If Yes: Describe how your use affects your ability to drive safely: _____

APPLICANT CERTIFICATION:

By signing this application, I certify that all documentation and information I provided to DMV is true and correct. I understand it is a crime to knowingly make a false application for driving privileges or ID card. The offense is a class A misdemeanor and is punishable by jail time, a fine or both. DMV will cancel and/or suspend my permit, driver license or ID if I make a false statement or present false documentation.

I am a resident of or domiciled in Oregon as described in ORS 807.062

If under 18 years of age:

And applying for first driving privilege, applicant meets school enrollment requirements under ORS 807.066 or has a diploma or GED (proof of diploma or GED required).
And applying for first Class C license, applicant has completed driving experience requirements under ORS 807.065(1)(2): 50 hours and Driver Education, or 100 hours, or has a valid license from another state.
Signature of applicant's mother or father whose parental rights have not been terminated or legal guardian.

SIGNATURE OF APPLICANT

X _____ **X**

SSN: Disclosure of your Social Security number (SSN) is mandatory for issuance, renewal or replacement of your driver license or identification card under ORS 807.021(1).

STOP - DO NOT WRITE IN THE AREA BELOW - FOR DMV OFFICE USE ONLY

OUTSTANDING REQUIREMENTS		DATE RECEIVED	TSR ID	VISION / HEARING				
<input type="checkbox"/> LP or ADDRESS				VISION: <input type="checkbox"/> OK <input type="checkbox"/> OK W/BIOPTIC LENSES <input type="checkbox"/> OK/WCL		HEARING: <input type="checkbox"/> GOOD <input type="checkbox"/> DEAF		
<input type="checkbox"/> REIN. FEE/SR-22				<input type="checkbox"/> F OUTSIDE MIRROR <input type="checkbox"/> G DAYLIGHT DRIVING ONLY		DATE	TSR ID	
<input type="checkbox"/> OTHER:				REFERRED: <input type="checkbox"/> ACUITY <input type="checkbox"/> F.O.V.				
KNOWLEDGE TEST				DRIVE TEST				
DATE STAMP	TEST	SCORE	TSR ID	1	DATE	CLASS	SCORE	TSR ID
DATE STAMP	TEST	SCORE	TSR ID	2	DATE	CLASS	SCORE	TSR ID
DATE STAMP	TEST	SCORE	TSR ID	3	DATE	CLASS	SCORE	TSR ID
DOCUMENTS PRESENTED			DOCUMENTS PRESENTED			DOCUMENTS PRESENTED		
<input type="checkbox"/> US BIRTH CERTIFICATE/PASSPORT/PASSPORT CARD			<input type="checkbox"/> US BIRTH CERTIFICATE/PASSPORT/PASSPORT CARD			<input type="checkbox"/> US BIRTH CERTIFICATE/PASSPORT/PASSPORT CARD		
<input type="checkbox"/> FOREIGN PASSPORT & DHS DOC. or ADMIT. STAMP			<input type="checkbox"/> FOREIGN PASSPORT & DHS DOC. or ADMIT. STAMP			<input type="checkbox"/> FOREIGN PASSPORT & DHS DOC. or ADMIT. STAMP		
<input type="checkbox"/> DHS DOCUMENT			<input type="checkbox"/> DHS DOCUMENT			<input type="checkbox"/> DHS DOCUMENT		
<input type="checkbox"/> OTHER (Specify) _____			<input type="checkbox"/> OTHER (Specify) _____			<input type="checkbox"/> OTHER (Specify) _____		
<input type="checkbox"/> LP=C <input type="checkbox"/> LP=P <input type="checkbox"/> LP=F <input type="checkbox"/> LP=U			<input type="checkbox"/> LP=C <input type="checkbox"/> LP=P <input type="checkbox"/> LP=F <input type="checkbox"/> LP=U			<input type="checkbox"/> LP=C <input type="checkbox"/> LP=O <input type="checkbox"/> LP=F <input type="checkbox"/> LP=U		
DATE	TSR ID	2nd CHECK	DATE	TSR ID	2nd CHECK	DATE	TSR ID	2nd CHECK
			DATE STAMP			FEE		TSR ID
						\$		



DRIVER TEST SCORE SHEET

EQUIPMENT FAIL:

RESTRICTION

DEPARTMENT OF TRANSPORTATION
DRIVER AND MOTOR VEHICLE SERVICES
1905 LANA AVE NE, SALEM OREGON 97314

DATE	COURSE	APPLICANT'S NAME	ODL #	PLATE/TEMP
REPRESENTATIVE	INSURANCE COMPANY	POLICY NUMBER	EXPIRATION DATE	

A. LEFT TURN			APPROACH		A. RIGHT TURN			F. INTERSECTIONS			
1	2	3			1	2	3				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.	Signal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CONTROLLED			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.	Observation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Attention	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.	Correct Lane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Stop - too close, crosswalk, intersection	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4.	Unnecessary Stop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Stop - too suddenly, full, unnecessary	<input type="checkbox"/>	<input type="checkbox"/>	
			IF STOP								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.	Intersection, Crosswalk, Too Close	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	UN-CONTROLLED			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6.	Full Stop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Attention	<input type="checkbox"/>	<input type="checkbox"/>	
			TURNING					G. PARKING SPACE			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7.	Observation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Speed	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.	Right of Way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Position	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9.	Speed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Attention	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10.	Wide or Short	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	H. SPEED			
			COMPLETE TURN					POSTED	UNPOSTED		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11.	Correct Lane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Too Fast	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12.	Signal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Too Slow	<input type="checkbox"/>	<input type="checkbox"/>	
B. PARKING			C. BACKING		D. RE-ENTRY			I. LACK OF ATTENTION Non Designated			
1. Signal	<input type="checkbox"/>		1. Observation	<input type="checkbox"/>	1. Observation	<input type="checkbox"/>		1. Pedestrians	<input type="checkbox"/>	<input type="checkbox"/>	
2. Observation	<input type="checkbox"/>		2. Path	<input type="checkbox"/>	2. Signal	<input type="checkbox"/>		2. Fails to Anticipate	<input type="checkbox"/>	<input type="checkbox"/>	
3. Position	<input type="checkbox"/>							3. Vehicle Control	<input type="checkbox"/>	<input type="checkbox"/>	
ON LEFT OFF	E. LANE CHANGE	ON RIGHT OFF							4. Strays from Driving / Reaction to Emergency	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	1. Signal	<input type="checkbox"/>							5. Lane Usage	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	2. Observation	<input type="checkbox"/>							6. Speed	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	3. Position	<input type="checkbox"/>							7. Following	<input type="checkbox"/>	<input type="checkbox"/>

SCORE**GFIFs Grounds for Immediate Failure**

- An accident involving any amount of property damage or personal injury.
- The applicant refuses to perform any maneuver which is part of the prescribed driving test.
- Any dangerous action in which:
 - An accident is prevented by expert driving or action on the part of other drivers.
 - The examiner is forced to assist the driver in avoiding an accident physically or orally.
 - The applicant drives or backs over curb or sidewalk.
 - The applicant creates a serious traffic hazard by stalling or other improper driving behavior.
- The applicant commits any of the following:
 - Passes another car which is stopped at a crosswalk, yielding to a pedestrian or passes a school bus stopped with its red lights flashing.
 - Makes or starts to make a turn into or from the wrong lane under traffic conditions that render such actions dangerous.
 - Runs through or has to be stopped from running one red light or one stop sign.
- If after proceeding a short distance on the drive test or after completion of the drive test it becomes apparent that the applicant is dangerously inexperienced or is unable to operate vehicle equipment, score the test "G5."

TOTAL ERRORS

1 = 97
2 = 94
3 = 91
4 = 88
5 = 85
6 = 82
7 = 79
8 = 76
9 = 73
10 = 70
11 = 67
12 = 64
13 = 61