



APPLICATION FOR DRIVER LICENSE OR NON-DRIVER ID CARD

PLEASE PRINT CLEARLY IN BLUE OR BLACK INK.

This form is also available on DMV's web site at: www.dmv.ny.gov

If you are interested in applying for an Enhanced Driver License or Non-driver Identification Card (EDL/ID), or upgrading your current NYS document to an EDL/ID please see forms MV-44EDL and MV-44.1EDL.

Batch File No.
Image No.
LRC LAM LRN LDP LNO
LIS LIN POR PAM PRN PDP

I AM APPLYING FOR A (check any that apply):

License types: Learner Permit, ID card, Renewal, Replacement, Change, NYS license in exchange for a license from another US State, the District of Columbia or Canadian Province

VOTER REGISTRATION QUESTIONS (Please answer "yes" or "no".)

Do you want to register to vote? YES - Complete Voter Registration Application Section
NO - I Decline to Register/Already Registered/I do not want to notify the Board of Elections of my change of address.

NEW YORK STATE ORGAN AND TISSUE DONATION SIGN BELOW to enroll in the NYS Department of Health's Donate Life Registry. By signing, you are certifying that you are: 18 years of age or older; consenting to donate all of your organs and tissues for transplantation, research or both; authorizing DMV to transfer your name and identifying information to DOH for enrollment in the Registry; and authorizing DOH to allow access to this information to federally regulated organ donation organizations and NYS-licensed tissue and eye banks and hospitals, upon your death.

Check this box to make a \$1 voluntary contribution to the Life...Pass It On Trust Fund. The \$1 donation will be added to your total transaction fee. A contribution to the Fund is used for organ donation and transplant research and educational projects promoting organ and tissue donation.

Donor Consent Signature: Date:

IDENTIFICATION INFORMATION Do you now have, or did you ever have a New York:

Driver license? Learner permit? Non-driver ID Card? Yes/No options. If "Yes", enter the identification number as it appears on the license, learner permit, or non-driver ID card.

NYS DRIVER LICENSE, LEARNER PERMIT, or NON-DRIVER ID CARD NUMBER

Grid for entering the license/ID card number

FULL LAST NAME

Text box for full last name

Do you have or did you ever have a driver license that is valid or that expired within the past year, issued by another US State, the District of Columbia or a Canadian Province? Yes No

FULL FIRST NAME

Text box for full first name

If "Yes", where was it issued?

FULL MIDDLE NAME

Text box for full middle name

Date of Expiration: Type of License: License ID No.:

SUFFIX

Text box for suffix

DATE OF BIRTH

Month Day Year fields

SEX

Male Female checkboxes

HEIGHT

Feet Inches fields

EYE COLOR

Text box for eye color

DAY PHONE NO. (Optional)

Area Code () fields

SOCIAL SECURITY NUMBER* (SSN) * You must provide your SSN. Authority to collect your SSN is granted by Sections 490.3 and 502 of the Vehicle and Traffic Law. The information will be used only for exchange with other jurisdictions, to assist in verification of identity, and to invoke driver license sanctions pursuant to V&T Law Section 510(4-e). Your number will not be given to the public, or appear on any form or information request.

ADDRESS WHERE YOU GET YOUR MAIL - Include Street Number and Name, Rural Delivery and/or box number (If PO Box, also fill in "Address Where You Live" below)

Address fields: Apt. No., City or Town, State, Zip Code, County

ADDRESS WHERE YOU LIVE IF DIFFERENT FROM MAILING ADDRESS - DO NOT GIVE P.O. BOX.

Address fields: Apt. No., City or Town, State, Zip Code, County

Has your name changed? Has your mailing address changed? Has the address where you live changed? If "Yes", print your former name exactly as it appears on your present license or non-driver ID card.

OTHER CHANGE: What is the change and the reason for it (new license class, wrong date of birth, etc.)?

PLEASE COMPLETE AND SIGN PAGE 2.

FOR OFFICE USE table with columns for Other Restrictions, Endorsements, Vehicle Restrictions, License Class (A, B, C, NCDL-C, D, DJ), Special Conditions (AM, PP, DP, LR, LS, BC, ML, NF, UC, UP, UR, X8, XT), STOP/RESPONSE, Proof Submitted, and Approved By/Date.

MV-44 (10/11)

NEW YORK STATE VOTER REGISTRATION APPLICATION INFORMATION

(Please read before you complete application on the other side.)

OFFICE USE ONLY

You Can Use This Form To:

- register to vote in New York State
- change your name and/or address, if there is a change since you voted
- enroll in a political party or change your enrollment

Información en español: si le interesa obtener este formulario de registro del votante en español, llame al 1-800-367-8683

中文資料：如果你有興趣索取選民中文登記表請電 1-800-367-8683

To Register You Must:

- be a U.S. citizen
- be 18 years old by December 31 of the year in which you file this form *(note: you must be 18 years old by the date of the general, primary or other election in which you want to vote.)*
- live in the county, city, or village, at least 30 days before an election
- not be in jail or on parole for a felony conviction
- not claim the right to vote elsewhere

If you would like help in filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private.

If you believe that someone has interfered with your right to register or decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the NYS Board of Elections, 40 Steuben Street, Albany, NY 12207-2109, Phone 1-800-469-6872.

If you have any questions about registering to vote, you should call your County Board of Elections or call 1-800-FOR-VOTE (only for Voter Registration questions). If you live in New York City, you should call 1-212-VOTE-NYC. Hearing impaired people with TDD may call 1-800-533-8683. You may also log on to our website for information at: www.elections.state.ny.us

NEW YORK STATE VOTER REGISTRATION APPLICATION - (Fill out this part only if you want to register to vote or change your address or other information with the Board of Elections, and if you are also filling out the DMV application above.)

If you register to vote, your completed voter registration application will be sent directly to the Board of Elections. If you decline to register, your decision will remain confidential. You will be notified by your County Board of Elections when your voter registration application has been processed.

Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If you answered NO, do not complete this form.</i>		I will be 18 years old on or before election day: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If you answered NO, do not complete this form, unless you will be 18 by the end of the year.</i>		Home Telephone Number (optional) Area Code ()
Last year voted	Your Address was <i>(give house number, street, and city)</i>	In county/state	Under the name <i>(if different from your name now)</i>	

Choose a Party – Check one box only

- DEMOCRATIC PARTY
- REPUBLICAN PARTY
- CONSERVATIVE PARTY
- WORKING FAMILIES PARTY
- INDEPENDENCE PARTY*
- GREEN PARTY
- OTHER (write in) _____
- I DO NOT WISH TO ENROLL IN A PARTY

Please note: In order to vote in a **primary election**, you must be enrolled in a party. *Except the Independence Party which permits non-enrolled voters to vote in their primary election.

AFFIDAVIT: I swear or affirm that

- I am a citizen of the United States.
- I will have lived in the county, city, or village for at least 30 days before the election.
- I meet all requirements to register to vote in New York State.
- This is my signature or mark on the line below.
- The above information is true. I understand that if it is not true I can be convicted and fined up to \$5,000 and/or jailed for up to four years.

↓ Signature or mark ↓

X _____

Date