

STATE OF ALASKA  
DIVISION OF MOTOR VEHICLES

**APPLICATION FOR ALASKA DRIVER LICENSE,  
PERMIT OR IDENTIFICATION CARD**

478

LICENSE / PERMIT		CLASSIFICATION			ENDORSEMENTS		
<input type="checkbox"/> Driver License <input type="checkbox"/> Instruction Permit <input type="checkbox"/> Identification Card		<input type="checkbox"/> Non-Commercial (D) <input type="checkbox"/> Motorcycle CDL <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C			<input type="checkbox"/> Hazardous <input type="checkbox"/> Tank (N) <i>Tank (N) + HazMat (H)</i>		<input type="checkbox"/> Passenger (P) <input type="checkbox"/> School Bus (S) <input type="checkbox"/> Doubles / Triples
<b>FULL LEGAL NAME:</b>	First	Middle	Last		Suffix		
AK license / permit / ID number, if applicable.		Date of Birth	Sex	Height ft      in	Weight	Hair Color	Eye Color
<b>PLACE OF BIRTH:</b>	City		State	Country (If other than USA)		Social Security Number	
Mailing Address (This address will appear on the license, permit or ID.)				City		State	Zip Code
Residence Address (Physical location – no PO Box or Mail Receiving Station addresses.)				City		State	Zip Code
Email				Phone #			
<b>VETERAN</b>	I declare myself an honorably discharged US Armed Forces veteran and authorize DMV to send my personal information to the Dept. of Military and Veterans Affairs to provide benefits to me.						<input type="checkbox"/> YES <input type="checkbox"/> NO
	I have a US Armed Forces honorable discharge and wish to have a veteran designation placed / retained on my license.						<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>ORGAN DONOR</b>	Would you like to be an organ donor with a designator displayed on your license / ID card?						<input type="checkbox"/> YES <input type="checkbox"/> NO
	Would you like to donate \$1 or more to the anatomical gift awareness fund? If so, how much?						\$ _____
<b>VOTER REGISTRATION</b>	Are you a U.S. Citizen?						<input type="checkbox"/> YES <input type="checkbox"/> NO
	Would you like to register to vote or make changes to your voter registration?						<input type="checkbox"/> YES <input type="checkbox"/> NO
	If you are already registered to vote in the State of Alaska, this form will update your voter registration address. <input type="checkbox"/> I do / <input type="checkbox"/> I do not want my address updated for voter registration purposes.						
<b>PREVIOUS NAMES</b>	If applicable, list any previous / maiden names by which you have been known:						
<b>DRIVER LICENSE QUESTIONS</b> <small>(You do not need to answer these questions for an ID card)</small>	If applicable, list any States in which you have been previously licensed in the last 10 years:						
	Have your driving privileges ever been suspended or revoked or application for license refused?						<input type="checkbox"/> YES <input type="checkbox"/> NO
	State:	Date:	Reason:				
	State:	Date:	Reason:				
	Within the past 5 years, have you had a medical condition or impairment, mental or physical disorder, seizure, or any other health problems that could affect your ability to safely operate a motor vehicle?						<input type="checkbox"/> YES <input type="checkbox"/> NO
	If yes, please explain:						
Within the last five years, have you had three or more alcohol or drug related convictions?						<input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, you must provide physician verification that the problem is under control or proof of completion of a rehabilitative treatment program							
<b>COMMERCIAL DRIVERS ONLY</b>	Are you domiciled in the State of Alaska?						<input type="checkbox"/> YES <input type="checkbox"/> NO

*I have personally reviewed the information on this application and certify under penalty of perjury that to the best of my knowledge and belief the information on this application is true and correct. NOTE: Making a false statement in connection with this application may be punishable by a maximum penalty of \$50,000 or five years imprisonment or both per AS 11.46.505.*

**X** \_\_\_\_\_  
Signature of Applicant (**MUST SIGN IN FRONT OF A DMV REPRESENTATIVE**)      Date      AMVC ID / Office Number

*****DMV USE ONLY*****							
VISION TEST	<input type="checkbox"/> With CL	Left	Both	Right	Vision Notes	CDL Color Blind Test: Pass / Fail / Medical Card	LICENSE ISSUED <input type="checkbox"/> Orig <input type="checkbox"/> Renew <input type="checkbox"/> Duplicate Class:
DOCUMENTS SEEN / OTHER NOTES							