

STATE OF ALASKA OUT-OF-STATE APPLICATION FOR DUPLICATE OR RENEWAL NON-COMMERCIAL DRIVER LICENSE, INSTRUCTION PERMIT OR IDENTIFICATION CARD

INSTRUCTIONS: (Application must be completed in black or blue INK. Please print.)

- If you are applying for a renewal or duplicate Alaska permit, license or state identification card, you must present proof of the following: Legal name, date of birth, principal residence address, and social security number. See backside of this form for further information.
- Your mailing address must be current, the U.S. Postal Service will not forward mail sent as the result of this application.
- Payment can be made using the credit card authorization on the back of this application or by check or money order made out to the State of Alaska.

THIS APPLICATION IS FOR: <i>Circle All That Apply</i>				<i>A \$50.00 fee may apply for an Alcohol Restricted license or identification</i>			
Identification Card : Renewal \$15.00 Replacement \$15.00		Non-Commercial Driver License or Motorcycle License : Renewal: \$21.00 Replacement: \$15.00		Instruction Permit: Renewal: \$5.00 Replacement: \$15.00			
FULL LEGAL NAME:	First	Middle	Last	Suffix			
	ALASKA license, permit or ID number		Date of Birth (Under 18 Parental Consent Required)	Sex	Height	Weight	Hair Color
PLACE OF BIRTH:	City	State	Country (If other than USA)		Social Security No.(AS 8.15.061)		
	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 Cache addresses.)			City	State	Zip Code		
Are you a United States Citizen?(AS 28.05.045)		YES	NO				
Do you want to sign up or continue to be an organ and tissue donor?		YES	NO				
Would you like to donate \$1.00 or more to the organ donor program?		YES	NO	Please enter the donation amount, if applicable.		\$	

To obtain a **state identification card**, answer question 1-3. To obtain **any type of permit or license**, answer questions 1 – 8. Circle each answer.

- Have you ever been known by another name? (Marriage, court, or alias) If YES, please list all previous name(s): **YES** **NO**
- If you are a veteran discharged under honorable conditions or retired from the armed forces of the U.S., do you want the Veterans Designator displayed on your license/identification? If you answer yes and have not previously had the designator in Alaska, you must present your discharge documents or a retired military identification card. Yes No
- If you have requested a veteran's designator, may we provide your name and address to the Alaska Department of Military and Veterans Affairs? Yes No
- Have you ever been licensed as a driver in another state? If YES, list the name of ALL the states where you have been licensed. Yes No
 Previous State(s): _____
Previously issued license/permit must be surrendered before issuance in Alaska. If you have lost your license/permit, you may be required to obtain a driving record from the previous state before an Alaska license/permit can be issued. 2 AAC 90.420 (h)
- Has your license or driving privilege ever been suspended, revoked, denied, disqualified, or cancelled, or is there a pending action? **YES** **NO**
 If YES, is the suspension, revocation, denial, disqualification, or cancellation still in effect? Yes No
 NOTE: You must meet all reinstatement requirements before a license/permit can be issued to you. AS 28.15.211
- Do you have any physical impairment(s) other than corrective lenses? If YES, describe: **YES** **NO**
- Within the past five years have you suffered from a seizure disorder, heart trouble, paralysis, fainting, loss of consciousness, dizzy spell(s), mental disorder, or other health problems that might impair your driving? If YES, list the type of disorder(s) and date(s). **YES** **NO**
 Disorder(s) / date(s): _____

Are all condition(s) under control? Yes No
If you have had a seizure or episode of loss of conscious control within the past six months, a license/permit cannot be issued to you. If you have suffered from any of the health problems listed above, a doctor's statement may be required indicating that the condition is under control and that you can safely operate a motor vehicle. In addition, the statement must indicate that you have not had a seizure or loss of consciousness within the past six months. 2 AAC 90.440
Doctor's letter provided? Yes No
- Within the past 5 years have you been committed to or admitted to a hospital or institution for alcoholism or drug addiction? **YES** **NO**
 If YES, were you: self-committed or court ordered If court ordered, do you have a letter from the treatment facility? Yes No

I certify under penalty of law that all statements above are true and correct.

X _____
 Signature of Applicant Date Daytime Phone

Mail completed application and enclosures to:	Requirements for duplicate card: Original documents are required to change any identifying information including name changes otherwise copies are acceptable.	Requirements for card renewal: Identification documents can be copies unless changing identifying information such as NAME, DOB, or SSN which require original documents.
Division of Motor Vehicles P.O. Box 110221 Juneau, AK 99811-0221 For acceptable identification documents or questions regarding tests go to: doa.alaska.gov/dmv/akol/original.htm For assistance with questions: Phone: (907) 465-4361, ext. 2 Email: doa.dmv.ids@alaska.gov Website: http://doa.alaska.gov/dmv/	<ul style="list-style-type: none"> • Copy of Birth Certificate or valid Passport (with Visa documents if applicable). • Copy of Photo ID (Alaska, School, Employment, Military) or other secondary identification document • Off-Highway restricted licenses are not valid outside of Alaska and will not be sent outside of Alaska. • If under 18 years old an original notarized Parental Consent <u>Form 433</u> is required. • Vision test • Fees 	<ul style="list-style-type: none"> • Copy of expiring Alaska card • Copy of Birth Certificate or Passport • Copy of Photo ID (Alaska, School, Employment, Military) or other secondary identification document • Off-Highway restricted licenses are not valid outside of Alaska and will not be mailed out of Alaska. • If under 18 years old an original notarized Parental Consent <u>Form 433</u> is required. • Turning 21 years must have taken or include Alcohol Awareness Test. • Fees

This section must be completed by a doctor, nurse practitioner, or a qualified person. Please do not send contact or glasses prescriptions. A vision test is not required if renewing permit or driver's license by mail.

Left eye: 20/	Right eye: 20/	OR Both eyes: 20/	Corrective lenses used during test: <input type="checkbox"/> Yes <input type="checkbox"/> No
X _____ Printed Name of Vision Test Administrator		X _____ Signature of Vision Test Administrator	
_____ Company or Agency Name		_____ Contact Phone Number	_____ State Located:

Credit Card Charge Authorization (Optional)		
Credit Card Number : Visa or Master Card: _____/_____/_____	Expiration Date: ____/____/____	Visa Card VIN Code: _____
Printed Card Holder Name: _____	Daytime Phone #: _____	Authorized Charge: \$ _____
X _____ Signature of Card Holder:		Date: _____

FOR DIVISION USE ONLY (Scores valid for one year.) Tests MUST be verified prior to issuance.

FOR:	Renewal Duplicate	TYPE: D M1 M2 M3 IP ID
Alcohol Awareness		
Score		
Date		
Office #		
AMVC		

<u>BIRTH & LEGAL NAME</u>	<u>NAME CHANGE PROOF</u>	<u>LICENSE CHECKS</u>	<u>ENDORSEMENTS</u> S
Alaska License or Permit Alaska State ID Card US Birth Certificate US or Canadian Passport Active Duty or Retired Military ID Foreign Passport w/ ICE Documents. Other:	Marriage Certificate Divorce Decree Court Order Certificate of Naturalization Other: <u>SSN PROOF</u> SS Card SSA Letter Other:	Initial after verified: ALVIN _____ CDLIS _____ SSOLV _____ STAR _____ <u>VISION TEST</u> <input type="checkbox"/> Shown above <input type="checkbox"/> Letter Provided Must meet min. rqmts	<u>RESTRICTIONS</u> 1 2 3 4 5 6 P <u>PAYMENT TYPE</u> CA CC CK Fee Amount: _____ Donation Amount: _____
<u>PROOF OF RESIDENCE</u>	<u>LICENSE / PERMIT / ID CARD</u> Surrendered? YES NO		Batch No: _____
	License Number Issuance State	New Number Issued	Batch Date: _____ Processed By: _____