

STATE OF ALASKA DIVISION OF MOTOR VEHICLES
**APPLICATION FOR ALASKA DRIVER LICENSE,
 PERMIT OR IDENTIFICATION CARD**

First Name		Middle Name		Last Name		Suffix	
Alaska License / Permit / ID Number		Social Security Number (AS 28.15.061)			Date of Birth		Sex
<input type="checkbox"/> I'm new to Alaska		<input type="checkbox"/> I have never been assigned a SSN (SSA letter required)					
Height	Weight	Hair Color	Eye Color	Where were you born?			
ft in	lbs			I was born in: (City)		State / Country (if other than US)	
Contact Information							
Mailing Address (This is where the card will be mailed)				City		State	Zip Code
Residence Address (Physical location where you live)				City		State	Zip Code
Email:		Can we contact you via e-mail? <input type="checkbox"/> Yes <input type="checkbox"/> No		Phone Number:		Please print my residential address on card: <input type="checkbox"/> Yes <input type="checkbox"/> No	
1. Are you a U.S. Citizen?				<input type="checkbox"/> U.S. National		<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Would you like to register to vote or make changes to your current voter registration?						<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Have you ever been known by different legal name? (If yes, please provide all previous names below):						<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Do you currently hold a license, permit, or ID in another state? (If yes, please provide your current license information):						<input type="checkbox"/> Yes <input type="checkbox"/> No	
License Number:		<input type="checkbox"/> Federally Compliant (Real ID) <input type="checkbox"/> Standard (Not Real ID)		State of Issue:			
5. Have you ever held a license, permit, or ID in another state? (If yes, please provide the states below):						<input type="checkbox"/> Yes <input type="checkbox"/> No	

What are you applying for? **Federally Compliant Card (Real ID)** **Standard Card (Not Real ID)**

Type of License / Permit / ID	Optional Designators	Commercial Endorsements
<input type="checkbox"/> Instruction Permit (IP) <input type="checkbox"/> Non-Commercial Driver License (D) <input type="checkbox"/> Motorcycle Permit (IM) <input type="checkbox"/> Motorcycle License (M1) or (M3) <input type="checkbox"/> Identification Card (ID) <input type="checkbox"/> Commercial Driver License*: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> Commercial Learner's Permit*: <input type="checkbox"/> IA <input type="checkbox"/> IB <input type="checkbox"/> IC <input type="checkbox"/> Other: _____ <small>*Additional information is required for Commercial applicants on Form 413</small>	<input type="checkbox"/> Hidden Disability <i>(Proof of eligibility required)</i> <input type="checkbox"/> VETERAN <i>(Proof of honorable discharge required)</i> <input type="checkbox"/> Organ Donor I would like to donate \$_____ to the anatomical gift awareness fund.	<input type="checkbox"/> Passenger (P) <input type="checkbox"/> School Bus (S) <input type="checkbox"/> Doubles / Triples (T) <input type="checkbox"/> Hazardous Materials (H) <input type="checkbox"/> Tank (N) <input type="checkbox"/> HazMat (H) + Tank (N) = (X)

Tell us about your driving history: (Only necessary to complete if you're applying for a license or permit.)

6. Have your driving privileges ever been suspended or revoked, or has your application ever been denied? (If yes, please provide the reason, state, and date of the suspension, revocation, or denial below):	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Within the past 5 years, have you had a medical condition or impairment, mental or physical disorder, seizure, or any other serious health problem that could affect your ability to safely operate a motor vehicle? (If yes, please explain below):	<input type="checkbox"/> Yes <input type="checkbox"/> No



DO NOT SIGN UNTIL DIRECTED BY A DMV REPRESENTATIVE



I acknowledge that receiving an Alaska Permit, License or ID card may cancel or invalidate any Permit, License or ID card from another state per the laws of that state. I certify that I understand the options for driver's license and identification card types available today and have knowingly selected the type indicated on this form. I certify that other than the credential I am surrendering today, I do not have a driver's license or Real ID credential in another state. 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 _____ Date _____ LDAP / Office Number _____
 Signature of Applicant

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Parent / Guardian Consent for a Minor:

Pursuant to AS 28.15.071, an application for a person under the age of 18 must be signed by a parent or legal guardian. The person who authorizes issuance of the license or permit is liable for damages caused by the minor when driving a motor vehicle. You may file a written request to cancel the license or permit.

Parent / Guardian Consent for a Minor applying for a Motorcycle Permit or License requires a separate Form 433M with the consent of both parents.

Full Legal Name of Parent or Legal Guardian	Relationship to Applicant
	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other (please specify below):
Parent or Legal Guardian License / ID Number:	State of Issue: Exp Date:
Full Legal Name of Minor:	
Type of License or Permit you are giving consent for your minor to obtain:	
<input type="checkbox"/> Instruction Permit (IP) <input type="checkbox"/> Provisional Driver License (D) <input type="checkbox"/> Driver License (unrestricted) (D) <input type="checkbox"/> ATV & Snow Machine License (R)	

By signing below, I agree to the terms and conditions stated above. If upgrading from a permit to a provisional license, I further certify that the applicant has had at least 10 hours of driving experience in inclement weather (snow / ice / rain / darkness / etc.) for a total of 40 hours driving experience.

X

 Signature of Parent or Legal Guardian (Do not sign until directed to by a DMV representative) Date

STOP FOR DIVISION USE ONLY STOP												
Test scores are valid for one year. All tests must be verified in the testing system. Road test results must be verified in ALVIN. Form 478a must be attached when an interpreter or reader is used on a test. (CDL/CLP Tests may only use readers in English)												
mm/dd/yy	GK	MC	Alch Awareness	CDL GK	Air Brakes	Combination (Req for IA)	Passenger	School Bus	Doubles / Triples (A only)	Tank	Hazmat	Road
Date												
License Checks (Initial each after you have verified the information)						Vision Test Results						
USPVS			PDPS			Left: 20/____		Both: 20/____		Right: 20/____		
VLS			SPEXS			<input type="checkbox"/> With Corrective Lenses <input type="checkbox"/> Without Corrective Lenses						
SSOLV			<input type="checkbox"/> Pointer Taken <input type="checkbox"/> No OOS Pointer			Color Blind Test (CDL/CLP only) <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Medical Card						
OOS Credential Presented: <input type="checkbox"/> License/Permit <input type="checkbox"/> ID Surrendered: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> VOID Stamped OOS License Number: _____ State: _____						Additional Notes/Affidavit						
Transaction Type: <input type="checkbox"/> Original <input type="checkbox"/> Duplicate <input type="checkbox"/> Renewal <input type="checkbox"/> Reinstatement New Number Issued: _____ (original only)						Card Type: <input type="checkbox"/> Federally Compliant <input type="checkbox"/> Standard Class Issued: <input type="checkbox"/> ID <input type="checkbox"/> IP <input type="checkbox"/> D <input type="checkbox"/> M1 <input type="checkbox"/> IM <input type="checkbox"/> Other: _____ <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> IA <input type="checkbox"/> IB <input type="checkbox"/> IC						
Optional Designators Issued <input type="checkbox"/> Hidden Disability <input type="checkbox"/> Veteran <input type="checkbox"/> Organ Donor <input type="checkbox"/> Unable to Add (explain): _____						Endorsements / Restrictions Issued END: <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> H <input type="checkbox"/> X RES: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> X <input type="checkbox"/> Other: _____						
Documents Accepted									Batch Information			
Primary									Fee Amount			
Secondary (standard issuance only)									Donation Amount			
Name Change									Payment Type <input type="checkbox"/> CA <input type="checkbox"/> CK <input type="checkbox"/> CC			
Proof of SSN:									<input type="checkbox"/> SSOLV Only			
Proof of Residence Address									Batch Number			
Other									Batch Date			
									LDAP / Office			