

STATE OF ALASKA
DIVISION OF MOTOR VEHICLES

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

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 Materials (H) <input type="checkbox"/> Tank (N) Tank (N) + HazMat (H) = (X)	<input type="checkbox"/> Passenger (P) <input type="checkbox"/> School Bus (S) <input type="checkbox"/> Doubles / Triples (T)

INSTRUCTIONS: You must provide two documents to verify your full legal name and date of birth. Original or certified copies of the documents are required for a first time issuance or to make a change to your legal name, date of birth or social security number. Original documents will be returned to you. If you are renewing or obtaining a duplicate card with no changes, copies of your documents are acceptable. A social security number in your current legal name or documentation that you are not eligible for a social security number is required. Non-US citizens must provide a passport and current visa.

FULL LEGAL NAME:	First	Middle	Last	Suffix
	Alaska License / Permit / ID Number, if applicable.	Date of Birth	Sex	Height ft in
			Weight	Hair Color
PLACE OF BIRTH:	City	State	Country (If other than USA)	Social Security Number
				Eye Color

MAILING ADDRESS: (The address that will appear on the card and where the card will be mailed.)	City	State	Zip Code
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INSTRUCTIONS: A residence address and verification of that address are required. Documents include utility bill, mail, rental agreement, etc.

RESIDENCE ADDRESS: (Physical location. No PO Box or Mail Receiving Stations.)	City	State	Zip Code
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EMAIL ADDRESS:	PHONE NUMBER:
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INSTRUCTIONS: A veteran's designation requires documentation of your service. Please see list of acceptable documents on next page.

VETERAN	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 on my license.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
ORGAN DONOR	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?	\$	
PREVIOUS NAMES	If applicable, list any previous / maiden names by which you have been known:		
DRIVER LICENSE QUESTIONS	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 last five 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 been convicted of three or more alcohol or drug-related offenses? <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.			
COMMERCIAL DRIVERS ONLY	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 DATE SIGNATURE OF WITNESS DATE

Mail Completed Application and Required Documents to:	Requirements for Original License/ID (Must be original or certified copies)	Requirements for Duplicate or Renewal Documents can be copies unless changing name, DOB or SSN, which require original documents.
Division of Motor Vehicles P.O. Box 110221 Juneau, AK 99811-0221 Phone: (907) 465-4361 Email: doa.dmv.jds@alaska.gov Website: http://doa.alaska.gov/dmv/	<ul style="list-style-type: none"> • A birth certificate or valid passport (with current visa documents if applicable). • A second document such as a state ID or license, school ID or tribal card. • Proof of SSN with current name and DOB verified with the Social Security Administration. • Proof of physical/residence address. • Proof of tests passed within one year. • If under 18 years of age, an original notarized Parental Consent (Form 433). • Vision Test. • Fees. 	<ul style="list-style-type: none"> • Birth certificate or valid passport (with current visa documents if applicable). • A second document such as a state ID or license, school ID or tribal card. • Proof of SSN with current name and DOB verified with the Social Security Administration. • If under 18 years of age, an original notarized Parental Consent (Form 433). • If turning 21 years of age, proof of passed alcohol awareness test. • Vision Test. • Fees.

Commercial Driver License (CDL) or Commercial License Permit (CLP) Instructions: A Commercial Driver Medical & Self Certifying Verification (Form 413 Rev. 12/4/15 or later) is required, accompanied by a current DOT medical card if required by the type of operation on your self-certification. You must have held a valid license for at least one year before obtaining a CDL or CLP. The minimum age for an intrastate (Alaska-only) CDL is 19 years of age; 21 years of age for an interstate CDL. If you have not passed a required skills test in the class vehicle for which you are driving, your CDL will be restricted "Off-Highway" and can only be used to drive in off-highway communities in Alaska. Prior to taking a road skill test to remove the off-highway restriction you must hold a CDL permit for a minimum of 14 days. CDLs will not be mailed out of state.

There are additional requirements to obtain a **School Bus Driver License**, including a road skills test. Visit DMV's website for additional information.

Off-Highway Restricted Licenses are only valid for use in Alaska off-highway communities and will not be mailed out of state.

A "**Valid Without Photo**" Driver License may be issued to an individual when no Alaska DMV digital photo is available. A "Valid Without Photo" ID card cannot be issued unless the division has a digital photo on file.

To add a **Veteran Designation** requires a Certificate of Release or Discharge from Active Duty (DD Form 214 or 215) or; Report of Separation and Record of Service (Form NGB22 or NGB22A); or a letter signed by the Veterans Department that identifies you as a retired veteran or a veteran discharged under honorable conditions; or a valid military identification card that identifies you as a retired veteran or veteran discharged under honorable conditions.

VISION TEST	
Completed by a doctor, nurse practitioner or qualified person	
Left Eye: 20/ _____	Right Eye: 20/ _____
Corrective lenses used for test?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Color Blind Test (Commercial License Only): <input type="checkbox"/> Pass <input type="checkbox"/> Fail (Requires Vision Waiver) <input type="checkbox"/> Not Available (DOT Medical Card Required)	
X _____ Printed Name of Vision Test Administrator	_____ Company or Agency Name
X _____ Signature of Vision Test Administrator	_____ Contact Phone Number

FEES: Contact DMV for Reinstatement Requirements at 907-465-4361 (ext. 2)			
Identification Card: Original/Duplicate/Renewal: \$15 Alcohol-Restricted: \$50	Noncommercial or Motorcycle License: Original/ Renewal: \$21 Duplicate: \$15 Alcohol-Restricted (first issuance): \$50	Commercial Driver License: Original/ Renewal : \$101 Duplicate: \$15	Instruction Permit: Original: \$15 Duplicate: \$15 Renewal: \$5

Credit Card Charge Authorization		
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:

*****DMV USE ONLY *****		
LICENSE <input type="checkbox"/> Original <input type="checkbox"/> Renew <input type="checkbox"/> Duplicate ISSUED Class: _____	Endorsements Added Restrictions Added	Endorsements Removed Restrictions Removed
DOCUMENTS SEEN / OTHER NOTES		