

PLEASE PRINT

(OPTIONAL VOTER REGISTRATION CARD)

MN Driver's License/Identification Card Number

Legal Name

(Please Print: First, Complete Middle, Last)

Previous Name

(Only if name has changed since last Minnesota application)

Social Security Number

Residence Address

(Apt. #)

☐ I certify that I do not have a Social Security Number.

Birth date Month Day Year

City

State

Zip Code

County

Physical Description

Ft.

In.

Eye Color

Height

Weight in pounds

Male

Female

ALL APPLICANTS (circle or check response)

1. YES NO I request that my license or ID card show that I have a living will/health care directive. (See #6 on back)

2. YES NO I request that my license or ID card have a Medical Alert identifier. I understand that the card will not contain any medical information.

3. DONOR DOCUMENT OF GIFT

☐ I want my license or identification card to show that I consent to be an organ and tissue donor. M.S. §171.07, subd. 5 (See #7 on back)

DRIVER'S LICENSE AND PERMIT APPLICANT ONLY (circle response)

4. YES NO I have had a driver's license or permit other than in Minnesota within the last ten (10) years. Where:

5. YES NO Do you have any medical condition that may impair your ability to safely operate a motor vehicle? If YES, explain

6. YES NO Do you use any medication, other than insulin, to control loss of consciousness or voluntary control? If YES, explain

7. YES NO Do you use any medication, other than insulin, to control loss of consciousness or voluntary control? If YES, explain

PERMIT OR LICENSE APPLICANTS UNDER 18 ONLY (circle response)

8. YES NO My driving record is free of any alcohol or controlled substance violations, convictions for crash related moving violations and convictions for non-crash related moving violations.

COMMERCIAL DRIVER'S LICENSE (CDL) APPLICANT ONLY

9. I certify that (check statement that applies):

☐ I possess a valid health certificate as required by 49 C.F.R. 391 to operate a commercial vehicle INTERSTATE and am in full compliance with 49 C.F.R. 391.

☐ I possess a valid health certificate as required by Minnesota Statutes, Chapter 221, to operate a commercial motor vehicle WITHIN THE STATE OF MINNESOTA.

☐ I am exempt from possessing a health certificate under 49 C.F.R. 391 and M.S., Chapter 221.

PREV. BATCH #

RX #

TYPE	PASSED TESTS
<input type="checkbox"/> A	<input type="checkbox"/> DUP
<input type="checkbox"/> B	<input type="checkbox"/> D
<input type="checkbox"/> C	<input type="checkbox"/> MC
<input type="checkbox"/> D	<input type="checkbox"/> MBOP
<input type="checkbox"/> PROV	<input type="checkbox"/> CDL PRETRIP
<input type="checkbox"/> ID	<input type="checkbox"/> GK
<input type="checkbox"/> MBOP	<input type="checkbox"/> AIR
<input type="checkbox"/> IP	<input type="checkbox"/> COMBINATION
<input type="checkbox"/> INDICATORS	<input type="checkbox"/> DBL/TRIPLE
<input type="checkbox"/> SENIOR	<input type="checkbox"/> PASSENGER
<input type="checkbox"/> LTD MOBILITY	<input type="checkbox"/> SCHOOL BUS
<input type="checkbox"/> SNOWMOBILE	<input type="checkbox"/> TANKER
<input type="checkbox"/> FIREARM	<input type="checkbox"/> HAZ MAT
<input type="checkbox"/> S or TC	<input type="checkbox"/> DWI
	<input type="checkbox"/> INSURANCE
	<input type="checkbox"/> RT PSD/MVD

RESTRICT/ENDORSE	VISION
<input type="checkbox"/> MC ORIGINAL	<input type="checkbox"/> PA
<input type="checkbox"/> MC RENEWAL	<input type="checkbox"/> PA
<input type="checkbox"/> ADD/REMOVE	<input type="checkbox"/> INC
	<input type="checkbox"/> AT
<input type="checkbox"/> FEES PAID APPLICATION	<input type="checkbox"/> PRO
	<input type="checkbox"/> YES
<input type="checkbox"/> ENDORSEMENT MC SB PHYS	<input type="checkbox"/> DOC(S)
<input type="checkbox"/> REINSTATEMENT	<input type="checkbox"/> INVAL
	<input type="checkbox"/> DL /

CODE

Note:

I was provided all privacy warnings as required by state and federal law. Submission of this application constitutes consent to registration with the selective service system. If required by federal law, I certify that the information on this application is correct. If I am applying for driving privileges, I am aware of the duties, responsibilities and penalties outlined in M.S. §169.444 regarding the safety of children around school buses.

Automatic Registration Processed by: R.A. THE DRIVER

Today's Date

If applicant is under 18 years of age and is applying for driving privileges, I approve the application. If applying for a driver's license, I also certify that the applicant has driven under the supervision of a licensed driver at least 2 years of age for (1) not less than 30 hours, at least 10 of which were at night for provisional driver's license applicants; or (2) not less than 10 hours for driver's license applicants.

Parent / Legal Guardian's Signature

Relationship to Applicant

Subscribed and sworn before me

Notary Public's Signature and Seal

Date

Voter Registration Card - Are you a US Citizen? Yes ☐ No ☐ Will you be 18 on or before the next election? Yes ☐ No ☐ I request to be registered to vote (Only if I haven't registered to vote in the past listing the above address. See eligibility information below). Read the Statement Below and Sign Only If ALL Parts Apply To You.

I certify that I will be at least 18 years old on election day and that I am a citizen of the United States, maintain residence at the address shown above and will have resided in Minnesota for 20 days immediately preceding election day, and that I am not under court-ordered guardianship of the person where I have not retained the right to vote, have not been found by the court to be legally incompetent to vote and have not been convicted of a felony without having my civil rights restored. I have read and understand this statement, that giving false information is a felony punishable by not more than five (5) years imprisonment and a fine of not more than \$10,000 or both.

Voter's Signature

Date

Phone and/or e-mail

School District: (if known)

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