



# MINNESOTA DRIVER'S LICENSE/IDENTIFICATION CARD/INSTRUCTION PERMIT INTAKE APPLICATION

PLEASE PRINT CLEARLY WITH BLACK INK USING ALL CAPITAL LETTERS

## APPLICATION TYPE

WHAT TYPE OF LICENSE OR ID CARD WOULD YOU LIKE TO APPLY FOR?

- Standard Driver's License or ID Card
- REAL ID Compliant Driver's License or ID Card (additional documents required)
- Enhanced Driver's License or ID Card (EDL/EID) (additional documents required)

	Standard Until May 3, 2023	Real ID <input checked="" type="checkbox"/>	Enhanced <input checked="" type="checkbox"/>
Can be used for domestic air travel		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Can be used to access federal facilities such as a military base or nuclear power plant		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Can be used as a U.S. border crossing document (by land and sea only)			<input checked="" type="checkbox"/>

MINNESOTA DRIVER'S LICENSE, INSTRUCTION PERMIT OR IDENTIFICATION CARD NUMBER

BIRTH DATE (MONTH/DAY/YEAR)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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### YOUR LEGAL NAME

COMPLETE FIRST NAME \_\_\_\_\_ COMPLETE MIDDLE NAME \_\_\_\_\_ COMPLETE LAST NAME \_\_\_\_\_

### PREVIOUS LEGAL NAME (ONLY APPLIES IF YOU CHANGED IT SINCE LAST DRIVER'S LICENSE, ID OR IP APPLICATION)

COMPLETE FIRST NAME \_\_\_\_\_ COMPLETE MIDDLE NAME \_\_\_\_\_ COMPLETE LAST NAME \_\_\_\_\_

### FULL RESIDENCE ADDRESS (WHERE YOU LIVE) NOTE: MAKE SURE THIS IS YOUR CURRENT AND VALID ADDRESS. THE POST OFFICE WILL NOT FORWARD YOUR CARD.

NUMBER \_\_\_\_\_ STREET NAME \_\_\_\_\_ APT # \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ MN COUNTY \_\_\_\_\_

### OPTIONAL MAILING ADDRESS MAKE SURE THIS IS A VALID ADDRESS. THE POST OFFICE WILL NOT FORWARD YOUR CARD.

I AFFIRM THAT THE U.S. POSTAL SERVICE WILL NOT DELIVER MAIL TO MY RESIDENCE ADDRESS SHOWN ABOVE. INITIAL HERE \_\_\_\_\_ TO HAVE YOUR CARD SENT TO THE ADDRESS BELOW.

PLEASE CHECK IF THIS IS A PERMANENT OR TEMPORARY MAILING ADDRESS  PERMANENT MAILING ADDRESS  ONE TIME MAILING ADDRESS

NUMBER \_\_\_\_\_ STREET NAME \_\_\_\_\_ APT # \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ MN COUNTY \_\_\_\_\_

APPLICANT'S PHYSICAL DESCRIPTION

Ft.   In.     POUNDS  MALE  FEMALE  NON-BINARY

EYE COLOR \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT IN POUNDS \_\_\_\_\_ GENDER \_\_\_\_\_

FOR OFFICE USE ONLY

I CERTIFY THAT I DO NOT HAVE A SOCIAL SECURITY NUMBER

**DONOR DOCUMENT OF GIFT:** I want my license or identification card to show that I choose to be an organ and tissue donor under the UNIFORM ANATOMICAL GIFT ACT (2007), M.S. § 171.07.

**CONTRIBUTION:** I would like to contribute \$2 to support organ and tissue donation education.

To remove an existing donor indicator on your card, write REMOVE here: \_\_\_\_\_

ALL applicants must answer these statements: (please circle your response)

1. YES NO I request that my license or ID card show that I have a living will or health care directive.
2. YES NO I request that my license or ID card have a Medical Alert identifier. I understand that the card will not specify any medical information, and that I will carry the necessary information.
3. YES NO Have you had a driver's license or instruction permit from any jurisdiction other than Minnesota, within the last ten (10) years? If YES, where? \_\_\_\_\_

ALL driver's license and instruction permit applicants: (please circle your response)

4. YES NO Do you use injectable insulin? (those with diabetes only)
5. YES NO Do you have any other medical condition that may cause loss of consciousness or voluntary control? If YES, explain: \_\_\_\_\_
6. YES NO Do you have any other medical condition that may impair safe operation of a motor vehicle? If YES, explain: \_\_\_\_\_
7. YES NO Do you want to add the VETERAN indicator to your license or ID card? (Required proof - DD214 with a minimum of 181 days of service indicated)

Provisional licensed driver's, ONLY: (please circle your response)

8. YES NO Do you have any convictions for alcohol, controlled substances, or moving violations on your driving record?

Commercial (CDL) Drivers, ONLY: (please circle your response)

9. YES NO Are your driving privileges disqualified under 49 CFR 383.51 or any other Minnesota state law?
10. YES NO Do you have a driver's license from more than one state or country?

If applicant is under 18 years of age and is applying for driving privileges, I approve the application. If applying for a provisional driver's license, I certify that the applicant has driven under the supervision of a licensed driver at least 21 years of age for not less than 50 hours (40 hours with proof of supplemental parental class completion). If applying for an under 21 driver's license, I certify that 10 hours of supervised driving occurred with a licensed driver at least 21 years of age.

X \_\_\_\_\_

Parent/Court-appointed Legal Guardian Signature \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_, day of \_\_\_\_\_,

My Commission expires \_\_\_\_/\_\_\_\_/\_\_\_\_

X \_\_\_\_\_

(Notary Public Signature) \_\_\_\_\_ (Seal)

**VOTER REGISTRATION CARD:** Are you a U.S. 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. I am not under court-ordered guardianship in which my right to vote was revoked, and have not been found by a court to be legally incompetent to vote. If I have been convicted of a felony, my felony sentence has expired (been completed) or I have been discharged from my sentence. I have read and understand this statement, and I understand 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.

Phone and/or Email \_\_\_\_\_ School District (if known) \_\_\_\_\_

MINNESOTA DEPARTMENT OF PUBLIC SAFETY  
MINNESOTA DRIVER'S LICENSE/IDENTIFICATION CARD APPLICATION  
**TENNESSEN WARNING**

**IMPORTANT: READ THIS NOTICE BEFORE  
YOU COMPLETE THE APPLICATION**

**NOTICE**

**Why are you being asked to share this information and how will it be used?**

The Department of Public Safety (DPS) will use the information to identify you as a person, to identify your driving record, to determine your eligibility for a driver's permit, license or identification card, prevent fraud, to access your record for any future service transactions and/or inquiries, and to comply with state and federal laws.

**State and federal laws require collection of this information.**

Minnesota Statutes §§ 171.06, 221.031, and 221.0314, and federal motor carrier safety regulations (49 C.F.R. §§ 383.71 and 383.153) require collection of this information.

**Consequences of supplying or refusing to supply requested information.**

If you supply the requested information, DPS will be able to determine whether to issue you a driver's permit, license, or identification card. The information may be used by other states to make decisions about whether to issue you a driver license, permit, or identification card. The requested information may also be used by insurance providers to determine eligibility for automobile insurance coverage.

If you don't provide the information requested, DPS cannot issue you a driver's permit, license, or identification card, and your existing driving privileges, if any, may be affected.

**How is the requested information shared with other agencies?**

DPS releases this information to local, state, and federal government agencies only as authorized or required by state and federal law. This means that the information may be shared with the following:

Social Security Administration	MN Department of Commerce
Selective Service System	MN Attorney General's Office
Federal Department of Labor	MN Office of the Secretary of State
MN Department of Human Services	MN Department of Natural Resources
MN Department of Revenue	MN Department of Veterans Affairs

In addition, your personal information may be disclosed as authorized by United States Code, title 18, section 2721.

**A note about your Social Security number.**

You must provide your Social Security number according to M.S. § 171.06 and the Social Security Act, 42 U.S.C. § 666(a) (13). Your Social Security number is also required to determine your eligibility for a commercial driver's license under federal motor carrier safety regulations, 49 C.F.R. § 383.153. It is used to administer child support enforcement programs and locate individuals to establish paternity. It is also used to confirm your identity and residential address with the Social Security Administration, the Minnesota Department of Revenue, the Internal Revenue Service, Minnesota Department of Natural Resources; and the Minnesota Department of Human Services.

**PERMISSIBLE USES OF MOTOR VEHICLE DATA AS PROVIDED IN  
UNITED STATES CODE, TITLE 18, SECTION 2721**

- For use by any government agency, including any court or law enforcement agency, in carrying out its functions, or any private person or entity acting on behalf of a federal, state, or local agency in carrying out its functions.
- For use in connection with matters of motor vehicle or driver safety and theft; motor vehicle emissions; motor vehicle product alterations, recalls, or advisories; performance monitoring of motor vehicles, motor vehicle parts, and dealers; motor vehicle market research activities, including survey research; and removal of non-owner records from the original owner records of motor vehicle manufacturers.
- For use in the normal course of business by a legitimate business or its agents, employees, or contractors, but only:
  - (A) to verify the accuracy of personal information submitted by the individual to the business or its agencies, employees, or contractors; and
  - (B) if such information as so submitted is not correct or is no longer correct, to obtain correct information, but only for the purposes of preventing fraud by, pursuing legal remedies against, or recovering on a debt or security interest against, the individual.
- For use in connection with any civil, criminal, administrative, or arbitral proceeding in any federal, state, or local court or agency or before any self-regulatory body, including the service of process, investigation in anticipation of litigation, and the execution or enforcement of judgments and orders, or pursuant to an order of a federal, state, or local court.
- For use in research activities, and for use in producing statistical reports, so long as the personal information is not published, re-disclosed, or used to contact individuals.
- For use by any insurer or insurance support organization, or by a self-insured entity, or its agents, employees, or contractors, in connection with claims investigation activities, anti-fraud activities, rating, or underwriting.
- For use in providing notice to the owners of towed or impounded vehicles.
- For use by any licensed private investigative agency or licensed security service for any purpose permitted under this subsection.
- For use by an employer or its agent or insurer to obtain or verify information relating to a holder of a commercial driver's license that is required under the Commercial Motor Vehicle Safety Act, 49 U.S.C. §§ 31301-17.
- For use in connection with the operation of private toll transportation facilities.
- For any other use in response to requests for individual motor vehicle records if the state has obtained the express consent of the person to whom such personal information pertains.
- For bulk distribution for surveys, marketing, or solicitations if the state has obtained the express consent of the person to whom such personal information pertains.
- For use by any requester, if the requester demonstrates it has obtained the written consent of the individual to whom the information pertains.
- For any other use specifically authorized under the law of the state that holds the record, if such use is related to the operation of a motor vehicle or public safety.