

Application for Vermont Operator's License, Junior Operator's License or Learner Permit

Learner Permit New Renew

Jr. Operator's License New Renew

Operator's License New Renew

Name: Last First Middle

Mailing Address (Street, Road or PO Box): City: State: Zip:

Physical Address (Legal Residence): City: State: Zip:

Social Security Number: Date of Birth: MM/DD/YYYY Place of Birth (City, State & Country):

The disclosure of your social security or federal identification number is mandatory, is solicited by the authority granted by 42 U.S.C. § 405(c)(2)(C) and/or 666(a)(13) and will be used by the Department of Motor Vehicles in the administration of motor vehicle, tax and child support laws, to identify individuals affected by such laws.

Vermont Driver License/Permit No. Expiration date of previous license or permit

ARE YOU A US CITIZEN? Yes No IF "NO", Do you have proof of legal presence? Yes No Check if the above is a change to: Mailing address Physical address Is the above a change of address for voting purposes? Yes No

Has your name changed? Yes No If "Yes", print your former name exactly as it appears on your last license.

Gender: Male Female Eye Color: Height: Weight: EDL? Yes No EDL requires additional forms. See Instructions on back.

- | | | | |
|---|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | Do you need glasses or contact lenses when driving? | <input type="checkbox"/> Yes <input type="checkbox"/> No | I understand that if I do not pass the required eyesight examination to obtain my VT Learners Permit, JR Operator, Operators License or EDL within 30 days of the date of this application, and I have a valid license from another jurisdiction my privilege to operate in Vermont will be suspended until such time as I pass the required examination.

Initial Here _____ |
| 2 | Is your driving privilege revoked, restricted, suspended, or refused in any state? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 3 | Do you now hold a valid license from another State? If yes, what state: | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 4 | Do you have a history of any physical or mental condition, other than properly corrected eyesight, that could affect your ability to safely operate a motor vehicle? If yes, explain on back | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 5 | Do you wish to retain your motorcycle endorsement? | <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 6 | I certify that I am a Vermont Resident, as defined in Title 23 V.S.A. § 4 See back | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 7 | Do you want to be, or continue to be, registered as an organ & tissue donor? (Currently EDL Only) | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 8 | (Renewal Only): Does your current license contain a school bus endorsement? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 9 | (Renewal Only): Are you requesting a photo renewal by mail? See back | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Signature of Applicant: I certify that the statements herein are true. This declaration made under penalties of 23 VSA § 202. Date:

Signature of Parent or Guardian if applicant is under 18: I hereby consent to the issuance of the license/permit: Guardian Parent Date:

DO NOT WRITE BELOW THIS LINE AUDIT LINE:

PID _____ <input type="checkbox"/> PRINT (270) <input type="checkbox"/> NAME CHANGE (231) <input type="checkbox"/> DOB CHANGE (231) <input type="checkbox"/> MISC CHANGE (231) POB SEX EYE HT WGT <input type="checkbox"/> MAILING ADD (232) <input type="checkbox"/> SS# CHANGE (232) <input type="checkbox"/> PHYSICAL ADD (233) ADD CHG DEL ENDORSEMENT <input type="checkbox"/> M <input type="checkbox"/> B <input type="checkbox"/> V Plate # _____	REST. _____ <input type="checkbox"/> CREATE <input type="checkbox"/> 220 <input type="checkbox"/> 260 <input type="checkbox"/> 222 <input type="checkbox"/> 225 <input type="checkbox"/> 228 <input type="checkbox"/> 227 <input type="checkbox"/> 234 <input type="checkbox"/> DOC LOC <input type="checkbox"/> NNL PHOTO <input type="checkbox"/> VISA USCIS Doc _____ _____ Examiner - Authorized Agent	RATER # <input type="checkbox"/> QSD <input type="checkbox"/> PDPS <input type="checkbox"/> QCS OUT OF STATE LIC # STATE VOID ISSUE DATE EXP DATE TOTAL FEE	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>OPR NEW</td> <td>16</td> <td></td> </tr> <tr> <td>OPR RENEW</td> <td>17</td> <td></td> </tr> <tr> <td>JUNIOR OPR</td> <td>18</td> <td></td> </tr> <tr> <td>PERMIT NEW</td> <td>19</td> <td></td> </tr> <tr> <td>PERMIT RENEW</td> <td>20</td> <td></td> </tr> <tr> <td>EDL (\$25.00)</td> <td>33</td> <td></td> </tr> <tr> <td>EXAM, FIRST</td> <td>21</td> <td></td> </tr> <tr> <td>EXAM, SUBSEQ</td> <td>22</td> <td></td> </tr> </table>	OPR NEW	16		OPR RENEW	17		JUNIOR OPR	18		PERMIT NEW	19		PERMIT RENEW	20		EDL (\$25.00)	33		EXAM, FIRST	21		EXAM, SUBSEQ	22	
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APPLICATION FOR ADDITION TO CHECKLIST

By checking the boxes below I swear that:
 I am a citizen of the United States.
 I am a resident of Vermont at the address above.
 I will be at least 18 years old on or before the next election.
 Check one box below:
 I am at least 18 and I have taken the Voter's Oath.
 I am not yet 18 and will take the voter's oath after I am 18.
 I hereby swear, or affirm under penalty of a \$10,000 fine, or imprisonment for not more than 15 years, or both, that the statements made by me in this application are true (as provided in 17 V.S.A. § 2011 and in 42 U.S.C. § 1973 gg -10).

Signature (Required for Voter Registration Only) _____ Date _____

DO NOT SIGN HERE EXCEPT TO REGISTER TO VOTE!

Telephone (____) _____
 The last address at which I was registered to vote if any, was:
 Name: _____
 Address: _____
Give complete address, if outside Vermont, include County and State.

Keep your copy of this application. Take the copy to the polls when you go to vote. This is proof you submitted an application before the deadline for registration.

Notice to Applicant

If you were provided with this form when you applied for or renewed a motor vehicle driver's license, you may decline to register. If you decline to register, your failure to register will remain confidential and will not be used for voter registration purposes. If you are submitting this application in connection with a motor vehicle driver's license application, or renewal, the office through which you submit this application will remain confidential and will be used only for voter registration purposes. Submission of a false voter registration application is subject to the penalties of perjury as provided in 17 V.S.A. § 2011 and in 42 U.S.C. § 1973 gg - 10.

VOTER'S OATH (Vermont Constitution, Chapter II, Section 42)

Every voter must take the voter's oath below before voting for the first time in Vermont. You can attest for yourself that you have taken the oath or you can have any person over 18 attest that you have taken the oath below:
 You solemnly swear (or affirm) that whenever you give your vote or suffrage, touching any matter that concerns the State of Vermont, you will do it so as in your conscience you shall judge will most conduce to the best good of the same, as established by the Constitution without fear or favor of any person.

On the _____ day of _____, 20____, I certify that I took the Voter's Oath myself OR the voter's oath was administered to me by a person over eighteen.

Signature of voter or person who administered the oath

For Town or City Clerk Use

On _____, 20____ the Town Clerk reviewed your application and _____ ADDED _____ DID NOT ADD your name to the voter checklist. If not, the reason was _____.
 The applicant's usual polling place is located at _____

Signature of Town Clerk:

Application for Vermont Operator's License, Junior Operator's License or Learner Permit

Learner Permit New Renew

Jr. Operator's License New Renew

Operator's License New Renew

Name: Last First Middle

Mailing Address (Street, Road or PO Box): City: State: Zip:

Physical Address: City: State: Zip:

Date of Birth: Place of Birth (City, State & Country):

The disclosure of your social security or federal identification number is mandatory, is solicited by the authority granted by 42 U.S.C. § 405(c)(2)(C) and/or 666(a)(13) and will be used by the Department of Motor Vehicles in the administration of motor vehicle, tax and child support laws, to identify individuals affected by such laws.

Vermont Driver License/Permit No. Expiration date of previous license or permit

ARE YOU A US CITIZEN? Yes No IF "NO", Do you have proof of legal presence? Yes No Check if the above is a change to: Mailing address Physical address Is the above a change of address for voting purposes? Yes No

Check if name has changed (maiden name, etc). First M. I. Last First M.I. Last

Signature of Applicant: I certify that the statements herein are true. This declaration made under penalties of 23 VSA § 202. Date:

Signature of Parent or Guardian if applicant is under 18: I hereby consent to the issuance of the license/permit: Guardian Parent Date:

PID _____ <input type="checkbox"/> PRINT (270) <input type="checkbox"/> NAME CHANGE (231) <input type="checkbox"/> DOB CHANGE (231) <input type="checkbox"/> MISC CHANGE (231) POB SEX EYE HT WGT <input type="checkbox"/> MAILING ADD (232) <input type="checkbox"/> SS# CHANGE (232) <input type="checkbox"/> PHYSICAL ADD (233) ADD CHG DEL ENDORSEMENT <input type="checkbox"/> M <input type="checkbox"/> B <input type="checkbox"/> V Plate # _____	REST. _____ <input type="checkbox"/> CREATE <input type="checkbox"/> 220 <input type="checkbox"/> 260 <input type="checkbox"/> 222 <input type="checkbox"/> 225 <input type="checkbox"/> 228 <input type="checkbox"/> 227 <input type="checkbox"/> 234 <input type="checkbox"/> DOC LOC <input type="checkbox"/> NNL PHOTO <input type="checkbox"/> VISA USCIS Doc _____ _____ Examiner – Authorized Agent	RATER # <input type="checkbox"/> QSD <input type="checkbox"/> PDPS <input type="checkbox"/> QCS OUT OF STATE LIC # STATE VOID ISSUE DATE EXP DATE	OPR NEW 16 OPR RENEW 17 JUNIOR OPR 18 PERMIT NEW 19 PERMIT RENEW 20 EDL (\$25.00) 33 EXAM, FIRST 21 EXAM, SUBSEQ 22 TOTAL FEE	
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APPLICATION FOR ADDITION TO CHECKLIST

By checking the boxes below I swear that:

I am a citizen of the United States.
 I am a resident of Vermont at the address above.
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Check one box below:

I am at least 18 and I have taken the Voter's Oath.
 I am not yet 18 and will take the voter's oath after I am 18.

I hereby swear, or affirm under penalty of a \$10,000 fine, or imprisonment for not more than 15 years, or both, that the statements made by me in this application are true (as provided in 17 V.S.A. § 2011 and in 42 U.S.C. § 1973 gg -10).

Signature (Required for Voter Registration Only) _____ Date _____

DO NOT SIGN HERE EXCEPT TO REGISTER TO VOTE!

Telephone (____) _____

The last address at which I was registered to vote if any, was:

Name: _____
 Address: _____

**Give complete address,
if outside Vermont, include County and State.**

Notice to Applicant

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You solemnly swear (or affirm) that whenever you give your vote or suffrage, touching any matter that concerns the State of Vermont, you will do it so as in your conscience you shall judge will most conduce to the best good of the same, as established by the Constitution without fear or favor of any person.

On the _____ day of _____, 20____, I certify that I took the Voter's Oath myself OR the voter's oath was administered to me by a person over eighteen.

 Signature of voter or person who administered the oath

For Town or City Clerk Use

On _____, 20____ the Town Clerk reviewed your application and _____ ADDED _____ DID NOT ADD your name to the voter checklist. If not, the reason was _____.

The applicant's usual polling place is located at _____

Signature of Town Clerk: _____

Keep your copy of this application. Take the copy to the polls when you go to vote. This is proof you submitted an application before the deadline for registration.

Application for Vermont Operator's License, Junior Operator's License or Learner Permit

Learner Permit New Renew

Jr. Operator's License New Renew

Operator's License New Renew

Name: Last First Middle

Mailing Address (Street, Road or PO Box): City: State: Zip:

Physical Address: City: State: Zip:

Social Security Number: Date of Birth: Place of Birth (City, State & Country):

The disclosure of your social security or federal identification number is mandatory, is solicited by the authority granted by 42 U.S.C. § 405(c)(2)(C) and/or 666(a)(13) and will be used by the Department of Motor Vehicles in the administration of motor vehicle, tax and child support laws, to identify individuals affected by such laws.

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Check if name has changed (maiden name, etc). First M. I. Last First M.I. Last

Gender: Male Female Eye Color: Height: Weight: EDL? Yes No * EDL requires additional forms. See Instructions on back.

- | | | | |
|---|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | Do you need glasses or contact lenses when driving? | <input type="checkbox"/> Yes <input type="checkbox"/> No | I understand that if I do not pass the required eyesight examination to obtain my VT Learners Permit, JR Operator, Operators License or EDL within 30 days of the date of this application, and I have a valid license from another jurisdiction my privilege to operate in Vermont will be suspended until such time as I pass the required examination.

Initial Here _____ |
| 2 | Is your driving privilege revoked, restricted, suspended, or refused in any state? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 3 | Do you now hold a valid license from another State? If yes, what state: | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 4 | Do you have a history of any physical or mental condition, other than properly corrected eyesight, that could affect your ability to safely operate a motor vehicle? If yes, explain on back | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 5 | Do you wish to retain your motorcycle endorsement? | <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 6 | I certify that I am a Vermont Resident, as defined in Title 23 V.S.A. § 4 See back | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
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PID _____ <input type="checkbox"/> PRINT (270) <input type="checkbox"/> NAME CHANGE (231) <input type="checkbox"/> DOB CHANGE (231) <input type="checkbox"/> MISC CHANGE (231) POB SEX EYE HT WGT <input type="checkbox"/> MAILING ADD (232) <input type="checkbox"/> SS# CHANGE (232) <input type="checkbox"/> PHYSICAL ADD (233) ADD CHG DEL ENDORSEMENT <input type="checkbox"/> M <input type="checkbox"/> B <input type="checkbox"/> V Plate # _____	REST. _____ <input type="checkbox"/> CREATE <input type="checkbox"/> 220 <input type="checkbox"/> 260 <input type="checkbox"/> 222 <input type="checkbox"/> 225 <input type="checkbox"/> 228 <input type="checkbox"/> 227 <input type="checkbox"/> 234 <input type="checkbox"/> DOC LOC <input type="checkbox"/> NNL PHOTO <input type="checkbox"/> VISA USCIS Doc _____	RATER # <input type="checkbox"/> QSD <input type="checkbox"/> PDPS <input type="checkbox"/> QCS OUT OF STATE LIC # STATE VOID ISSUE DATE EXP DATE	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>OPR NEW</td> <td>16</td> <td></td> </tr> <tr> <td>OPR RENEW</td> <td>17</td> <td></td> </tr> <tr> <td>JUNIOR OPR</td> <td>18</td> <td></td> </tr> <tr> <td>PERMIT NEW</td> <td>19</td> <td></td> </tr> <tr> <td>PERMIT RENEW</td> <td>20</td> <td></td> </tr> <tr> <td>EDL (\$25.00)</td> <td>33</td> <td></td> </tr> <tr> <td>EXAM, FIRST</td> <td>21</td> <td></td> </tr> <tr> <td>EXAM, SUBSEQ</td> <td>22</td> <td></td> </tr> <tr> <td>TOTAL FEE</td> <td></td> <td></td> </tr> </table>	OPR NEW	16		OPR RENEW	17		JUNIOR OPR	18		PERMIT NEW	19		PERMIT RENEW	20		EDL (\$25.00)	33		EXAM, FIRST	21		EXAM, SUBSEQ	22		TOTAL FEE		
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I am a resident of Vermont at the address above.

I will be at least 18 years old on or before the next election.

Check one box below:

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Give complete address, if outside Vermont, include County and State.

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You solemnly swear (or affirm) that whenever you give your vote or suffrage, touching any matter that concerns the State of Vermont, you will do it so as in your conscience you shall judge will most conduce to the best good of the same, as established by the Constitution without fear or favor of any person.

On the _____ day of _____, 20____, I certify that I took the Voter's Oath myself OR the voter's oath was administered to me by a person over eighteen.

Signature of voter or person who administered the oath

For Town or City Clerk Use

On _____, 20____ the Town Clerk reviewed your application and _____ ADDED _____ DID NOT ADD your name to the voter checklist. If not, the reason was _____.

The applicant's usual polling place is located at _____

Signature of Town Clerk:

Keep your copy of this application. Take the copy to the polls when you go to vote. This is proof you submitted an application before the deadline for registration.

Learner Permit	\$17.00	Exam Road/Driving	\$17.00
JR Operator License	\$28.00	Exam Written	\$28.00
Operator License	\$45.00 (\$28.00 for 2 year)	Out of State	\$17.00 (admin fee, additional)
Enhanced Driver License*	\$25.00 (additional)	Motorcycle Endorsement	\$2.00 per year

Question #4 details:

VERMONT RESIDENCY REQUIRED

Only Vermont residents are allowed to obtain an Operator's License, Commercial Driver's License, Enhanced Driver's License/ID, Learner's Permit or Non-Driver Identification Card. Applicants must provide the Department with two pieces of mail with current name and physical address. NOTE: These are NOT considered identity documents, they are only used to prove residency. If no mail comes to the physical address, contact DMV for additional information.

REQUIRED IDENTIFICATION DOCUMENTATION

Each applicant for a learner's permit, junior operator's license or operator's license is required to show documentary proof of identity and date and place of birth. Proof of identity shall be one primary document and one secondary document or two primary documents from the official DMV list of acceptable Identity Documents for Learner's Permit, Operator's License, Junior Operator's License, Commercial Driver's License and Non-driver ID, dmv.vermont.gov/licenses/drivers/requirements/identity.

A primary document must contain the full name and date of birth and must be verifiable, i.e., we must be able to contact the issuing agency to determine the authenticity of the document.

The name, date of birth and place of birth shown on this application must match the information shown on the proof of identity documents submitted with the application. Applicants must bring original documents with them to a Department of Motor Vehicles Customer Service Counter. This Department will retain copies of documents submitted.

Non-US citizens who wish to obtain a Learner Permit or Driver License must provide proof of valid legal presence in the United States. Any license or permit issued to a non-immigrant citizen of a foreign country shall expire coincidentally with his or her authorized duration of stay. For additional information visit - dmv.vermont.gov/licenses/drivers/foreign_international

ORGAN & TISSUE DONOR (CURRENTLY AVAILABLE ONLY ON EDL)

If yes, the DMV will provide this information to federally designated organ procurement organizations serving Vermont, and will print this designation on your driver's license/ID card.

Applicants under age 18 need consent from a parent/guardian.

APPLICATION FOR ADDITION TO CHECKLIST – VERMONT VOTER REGISTRATION APPLICATION

How to register to vote: You are eligible to vote in the town or city where you physically reside if as of Election Day, you: / are a United States citizen (NOT green card) / are a resident of Vermont / are 18 years old / take Voter's Oath. **Residency for voting purposes** is defined as "a person who is domiciled in the town as evidenced by an intent to maintain a principal dwelling place in the town indefinitely and to return there if temporarily absent, coupled with an act or acts consistent with that intent."

You must submit the application on the bottom of the front page before 5 p.m. on the Wednesday immediately prior to an election in order to vote in that election. **If you are not sure if you are registered to vote, please call your Town or City Clerk to check before completing the registration form. You must complete the legal address (where you physically live, not a PO Box) if you are applying to register to vote.**

Complete the voter registration form at the bottom of the front page ONLY IF YOU ARE NOT ALREADY REGISTERED TO VOTE IN THE TOWN WHERE YOU RESIDE. DO NOT complete this voter registration form if you are already registered to vote in your current Town or City of residence.

You only need to take the Voter's Oath ONCE. If you were previously registered to vote in Vermont you have already taken the Voter's Oath so please check that line. You can attest that you have taken the voter's oath for yourself or, the Customer Service Representative can administer the Voter's Oath to you.

KEEP YOUR COPY OF THIS APPLICATION and bring it with you to the polls when you vote for the first time in your town. It is your proof that you have submitted an application to vote.

You are not automatically registered to vote by completing this application—your Town or City Clerk will review your application to be sure that you meet all eligibility requirements. The Clerk will notify you in writing if your application is approved and notify you of the location of your polling place. If your application is denied, the Clerk will notify you explaining why you are not eligible and also explain how you can file an appeal to the Board of Civil Authority in your Town or City.

The laws relating to voter registration are in 17 V.S.A. §§ 2121 to 2150 (Chapter 43). If you have questions, you may call the Office of the Secretary of State at (802) 828-2363 or toll free in Vermont at (800) 439-8683.