



PLEASE PRINT CLEARLY IN BLUE OR BLACK INK.

This form is also available on DMV's web site at: dmV.ny.gov

OFFICE USE ONLY Image #

I AM APPLYING FOR A (check any that apply):

- Learner Permit ID card Renewal Replacement Change NYS license in exchange for a license from another US State, the District of Columbia or Canadian Province

IDENTIFICATION INFORMATION Do you now have, or did you ever have a New York:

Driver license? Learner permit? Non-driver ID Card? Yes/No options and instructions for identification number entry.

NYS DRIVER LICENSE, LEARNER PERMIT, or NON-DRIVER ID CARD NUMBER

Grid for entering license/permit/ID card number.

FULL LAST NAME

Text box for full last name.

Do you have or did you ever have a driver license that is valid or that expired within the last two years, issued by another US State, the District of Columbia or a Canadian Province?

FULL FIRST NAME

Text box for full first name.

If "Yes", where was it issued?

FULL MIDDLE NAME

Text box for full middle name.

Date of Expiration: Type of License: Out-of-State License ID No.:

SUFFIX

Text box for suffix.

DATE OF BIRTH

Month, Day, Year fields for date of birth.

SEX

Male/Female checkboxes.

HEIGHT

Feet/Inches fields for height.

EYE COLOR

Text box for eye color.

DAY PHONE NO.

Area Code and phone number fields.

Has your name changed? Yes/No. If "Yes", print your former name exactly as it appears on your present license or non-driver ID card.

Text box for former name if applicable.

Email Address: (optional)

Text box for email address.

SOCIAL SECURITY NUMBER\* (SSN) \* You must provide your SSN. Authority to collect your SSN is granted by Sections 490.3 and 502 of the Vehicle and Traffic Law. The information will be used only for exchange with other jurisdictions, to assist in verification of identity, and to invoke driver license sanctions pursuant to V&T Law Section 510(4-e) and 510(4-f). Your number will not be given to the public, or appear on any form or information request.

Grid for entering Social Security Number.

ADDRESS WHERE YOU GET YOUR MAIL (This address will appear on your document.)

- Include Street Number and Name, Rural Delivery and/or box number (If PO Box, also fill in "Address Where You Live" below)

Form for mailing address including Apt. No., City or Town, State, Zip Code, and County.

ADDRESS WHERE YOU LIVE IF DIFFERENT FROM MAILING ADDRESS - DO NOT GIVE P.O. BOX.

Form for living address including Apt. No., City or Town, State, Zip Code, and County.

Has your mailing address changed? Yes/No. Has the address where you live changed? Yes/No.

OTHER CHANGE: What is the change and the reason for it (new license class, wrong date of birth, etc.)?

VETERAN STATUS Check this box if you would like to have "Veteran" printed on the front of your photo document. You must present proof that indicates an honorable discharge from military service. For additional information, please see form MV-44.1.

NEW YORK STATE ORGAN AND TISSUE DONATION (You must fill out the following section)

To enroll in the NYS Department of Health's Donate Life Registry, check the "yes" box and then sign and date below. You are certifying that you are: 18 years or older; consenting to donate all of your organs and tissues for transplantation, research or both; authorizing DMV to transfer your name and identifying information to DOH for enrollment in the Registry; and authorizing DOH to allow access to this information to federally regulated organ donation organizations and NYS-licensed tissue and eye banks and hospitals, upon your death. "ORGAN DONOR" will be printed on the front of your DMV photo document. You will receive a confirmation from DOH, which will also provide you an opportunity to limit your donation.

Check this box to make a \$1 voluntary contribution to the Life...Pass It On Trust Fund. The \$1 donation will be added to your total transaction fee. A contribution to the Fund is used for organ donation and transplant research and educational projects promoting organ and tissue donation.

You must answer the following question: Would you like to be added to the Donate Life Registry? Yes (sign and date consent below) Skip This Question

Donor Consent Signature: Date:

VOTER REGISTRATION QUESTIONS (Please answer "yes" or "no".) NOTE: If you do not check either box, you will be considered to have decided not to register to vote.

If you are not registered to vote where you live now, would you like to apply to register, or if you are changing your address, would you like the Board of Elections to be notified? YES - Complete Voter Registration Application Section (Not necessary if you will be applying in person at a DMV office). NO - I Decline to Register/Already Registered/I do not want to notify the Board of Elections of my change of address.

PLEASE COMPLETE AND SIGN PAGE 2.

FOR OFFICE USE grid for license class, endorsements, CDL certifications, proof submitted, and other administrative information.



MV-44 (5/15)

**NEW YORK STATE VOTER REGISTRATION APPLICATION INFORMATION**

(Please read before you complete application on the other side.)

OFFICE USE ONLY

**Use the NYS Voter Registration Application to Register to Vote in NYS Elections, and/or:**

- change the name or address on your voter registration
- become a member of a political party
- change your party membership

**To Register You Must:**

- be a U.S. citizen;
- be 18 years old by the end of this year;
- not be in prison or on parole for a felony conviction;
- not claim the right to vote elsewhere

**Información en español: si le interesa obtener este formulario de registro del votante en español, llame al 1-800-367-8683**

এই ফর্মটি বাংলায় পেতে চাইলে এই নম্বরে ফোন করুন: 1-800-367-8683

한국어: 한국어 양식을 원하시면 1-800-367-8683 으로 전화하십시오.

中文資料: 如果你有興趣索取本中文資料表格, 請電 1 - 800 - 367-8683

If you decline to register, your decision will remain confidential. If you believe that someone has interfered with your right to register or decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the NYS Board of Elections, 40 Steuben Street, Albany, NY 12207-2109 (phone: 1-800-469-6872).

Your completed application will be sent to the Board of Elections and you will be notified by your County Board of Elections when your application has been processed. If you have any questions about filling out the voter registration application or registering to vote, you should call your County Board of Elections or call 1-800-FOR-VOTE (TDD/TTY Dial 711) (only for voter registration questions). If you live in New York City, you should call 1-866-VOTE-NYC. You may also find answers or tools at the NYS Board of Elections website: www.elections.ny.gov

**NEW YORK STATE VOTER REGISTRATION APPLICATION**

Only fill this out if you want to register to vote or change your address or other information with the Board of Elections.

If you register to vote, your completed voter registration application will be sent directly to the Board of Elections. If you decline to register, your decision will remain confidential. You will be notified by your County Board of Elections when your voter registration application has been processed.

Are you a citizen of the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If you answer NO, you cannot register to vote</i>	Will you be 18 years of age or older on or before election day? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If you answer NO, you cannot register to vote unless you will be 18 by the end of the year.</i>	Telephone Number (optional)
Have you voted before? <input type="checkbox"/> Yes <input type="checkbox"/> No What Year?	Voting information that has changed: skip if this has not changed or you have not voted before.	Your name was _____ Your address was _____ Your state or NYS County was: _____

**Political Party**

**You must make 1 selection** To vote in a primary election, you must be enrolled in one of these listed parties - except the Independence Party, which permits non-enrolled voters to participate in certain primary elections.

I wish to enroll in a political party:

- Democratic party
- Republican party
- Conservative party
- Green party
- Working Families party
- Independence party
- Women's Equality party
- Reform party
- Other \_\_\_\_\_

I do not wish to enroll in a political party

- No party

**AFFIDAVIT:** I swear or affirm that

- I am a citizen of the United States.
- I will have lived in the county, city, or village for at least 30 days before the election.
- I meet all requirements to register to vote in New York State.
- This is my signature or mark on the line below.
- The above information is true, I understand that if it is not true, I can be convicted and fined up to \$5,000 and/or jailed for up to four years.

Sign X \_\_\_\_\_ Date \_\_\_\_\_