NJMVC
New Jersey Motor Vehicle Commission

Application for Permit / License / Non-Driver ID

NJMVC
New Jersey Motor Vehicle Commission

PERMIT / LICENSE / ID FORM

DRIVER LICENSE NUMBER / NON-DRIVER ID NUMBER

FIRST NAME

MIDDLE NAME

LAST NAME

| SUFFIX | ** SUBMISSION OF THE SOCIAL SECURITY NUMBER IS REQUIRED BY N.J.A.C. 13:21-1.3. THE NUMBER WILL BE USED TO PREVENT ERRORS AND ENFORCE FEDERAL AND STATE LAWS, AND IN THE COLLECTION OF MOTOR VEHICLE FEES. | **SOCIAL SECURITY NUMBER -   - | CHECK HERE IF YOUR ADDRESS HAS CHANGED FROM PREVIOUS RECORDS ☐ |

MAILING ADDRESS *(STREET, PO BOX, RURAL ROUTE)*

RESIDENTIAL ADDRESS *(IF DIFFERENT FROM MAILING ADDRESS)*

CITY	STATE	ZIP	COUNTY	CITY	STATE	ZIP	COUNTY

FULL DATE OF BIRTH *(MM/DD/YYYY)*	SEX	EYE COLOR	WEIGHT	HEIGHT Ft. In.

SIGNATURE:

DATE *(MM/DD/YYYY)*

I CERTIFY THAT THE STATEMENTS MADE BY ME ON THIS FORM ARE TRUE. I AM AWARE THAT IF ANY OF THE STATEMENTS ARE WILLFULLY FALSE, I AM SUBJECT TO ADMINISTRATIVE, CIVIL, AND/OR CRIMINAL PENALTY.

BA-208 (R1-19)

SELECT ONE: ☐ REAL ID ☐ STANDARD ☐ PERMIT (STANDARD ONLY)
SELECT ALL THAT APPLY: ☐ DRIVER LICENSE ☐ NON-DRIVER ID ☐ BOAT ☐ MOTORCYCLE

PARENTAL CONSENT FOR APPLICANTS UNDER 17

NAME OF PARENT OR GUARDIAN (PRINTED): _____

SIGNATURE OF PARENT OR GUARDIAN: _____
Your signature confirms your consent to the attached application and that you have received a copy of the Share the Keys Resource Guide

DATE: _____

FOR MVC USE ONLY

Trans Type: Standard

6 Points of Identification*

- Primary Document:

- Secondary Document(s):

- Proof of Full Social Security Number:

- Proof of Address:

Trans Type: Real ID

- 2 Proofs of Residential Address:

- 1 Proof of Full Social Security Number:

- 6 Points of Identification*:

* Refer to Standard or Real ID brochure for valid 6 Point documents.