

Application for Permit / License / Non-Driver ID



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 <input type="checkbox"/>	
MAILING ADDRESS (STREET, PO BOX, RURAL ROUTE)				RESIDENTIAL ADDRESS (IF DIFFERENT FROM MAILING ADDRESS)			
CITY		STATE	ZIP	COUNTY		CITY	
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.					SELECT ONE: <input type="checkbox"/> REAL ID <input type="checkbox"/> STANDARD <input type="checkbox"/> PERMIT (STANDARD ONLY)		
BA-208 (R1-19)					SELECT ALL THAT APPLY: <input type="checkbox"/> DRIVER LICENSE <input type="checkbox"/> NON-DRIVER ID <input type="checkbox"/> BOAT <input type="checkbox"/> MOTORCYCLE		

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.