

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 OR INDIVIDUAL TAX IDENTIFICATION NUMBER (ITIN) WILL BE USED TO PREVENT ERRORS.				**SOCIAL SECURITY NUMBER OR ITIN		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		STATE	ZIP	COUNTY
FULL DATE OF BIRTH (MMDDYYYY)			GENDER	EYE COLOR	WEIGHT		HEIGHT		in
SIGNATURE:						DATE (MMDDYYYY)			

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 (R4 /21)

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



THIS APPLICATION IS FOR AGENCY USE ONLY. DO NOT SEND VIA MAIL.

FOR MVC USE ONLY

<p>Trans Type: Standard</p> <p>6 Points of Identification*</p> <ul style="list-style-type: none"> - Primary Document: - Secondary Document(s): - Proof of Full Social Security Number: - Proof of Address: 	<p>Trans Type: Real ID</p> <ul style="list-style-type: none"> - 2 Proofs of Residential Address: - 1 Proof of Full Social Security Number: - 6 Points of Identification*:
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