



Application for License or Identification Card

Louisiana Department of Public Safety and Corrections, Office of Motor Vehicles
DPSMV 2003 (R 12/2020)

Date of Application					
Personal Identifiable Information					
Last Name	First Name	Middle / Maiden Name or Suffix		Social Security Number	
Residence Address	City	State	Zip		
Mailing Address (if different)	City	State	Zip	Domicile Code	
Date of Birth (MM/DD/YY)	Race	Sex	Eye Color	Height	Weight

OMV Credential Information		Reason for Visit (select all that apply)		Applicant Elections	
OMV Credential Number	Real ID? <input type="checkbox"/> Yes <input type="checkbox"/> No	Transaction Type: <input type="checkbox"/> Original <input type="checkbox"/> Renewal <input type="checkbox"/> Duplicate <input type="checkbox"/> Out-of-State Transfer <input type="checkbox"/> Change/Correction: _____ <input type="checkbox"/> Name Change: _____ <input type="checkbox"/> Change Personal Information: <input type="checkbox"/> Change DL Class from ____ to ____ <input type="checkbox"/> Add Restriction _____ <input type="checkbox"/> Lift Restriction _____ <input type="checkbox"/> Real ID		Organ Donor? <input type="checkbox"/> Yes <input type="checkbox"/> No Register to Vote? <input type="checkbox"/> Yes <input type="checkbox"/> No \$1 Military? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Driver's License / Operator Card <input type="checkbox"/> Class E <input type="checkbox"/> Class D <input type="checkbox"/> Commercial Driver's License <input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C <input type="checkbox"/> Temporary Instructional Permit (TIP) <input type="checkbox"/> Identification Card		Tests Needed: <input type="checkbox"/> Written Exam <input type="checkbox"/> Skills Exam		By submitting this application, I am consenting to registration with the Federal Selective Service System, if so required. If under 18 years of age, I understand that I will be registered when I attain 18 years of age, as required by Federal Law. Initials:	
Restrictions					
Endorsements					

Medical Information					
Visual Acuity	Left 20 /	Right 20 /	Both 20 /	<input type="checkbox"/> Without Corrective Lens	<input type="checkbox"/> With Corrective Lens
	<input type="checkbox"/> Intrastate Vision Waiver				
Hearing	<input type="checkbox"/> Good <input type="checkbox"/> Poor <input type="checkbox"/> Deaf				
Physical Infirmities	<input type="checkbox"/> None Noted	<input type="checkbox"/> Missing Extremities	<input type="checkbox"/> Stiffness	<input type="checkbox"/> Mental	<input type="checkbox"/> Shakiness <input type="checkbox"/> Other

Applicant Questionnaire (Customer to complete and answer the following questions)		
	Yes	No
1. Would you like to be an organ donor?	<input type="checkbox"/>	<input type="checkbox"/>
2. Would you like to register to vote?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you want to donate \$1 with your application for the Louisiana Military Family Assistance Fund?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever applied for or been previously issued a learner's permit or driver's license?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever had a commercial driver's license? If your answer to question 4 and 5 is yes, list the state(s) of issuance and the license / permit number(s).	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever held a license in any other name other than the one on this application? If yes, list the name(s):	<input type="checkbox"/>	<input type="checkbox"/>
7. Are you currently under suspension in this or any other state? If yes, list the state(s):	<input type="checkbox"/>	<input type="checkbox"/>
8. Are you a United States citizen? If no, are you a permanent resident alien? If no, what documents are presented to show legal presence? If no, what is the expiration date of your status?	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you ever experienced any loss of consciousness other than normal sleep? If yes, explain:	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you currently have any physical or mental condition which could impair your ability to operate a motor vehicle safely?	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you wear contact lenses or glasses when driving?	<input type="checkbox"/>	<input type="checkbox"/>
12. Would you like the Office of Motor Vehicles to retain a copy of your source documents?	<input type="checkbox"/>	<input type="checkbox"/>

