



MINNESOTA DRIVER'S LICENSE/ENHANCED DRIVER'S LICENSE IDENTIFICATION CARD/INSTRUCTION PERMIT APPLICATION

THIS IS NOT A STANDALONE IDENTIFICATION DOCUMENT

MINNESOTA DRIVER'S LICENSE, INSTRUCTION PERMIT OR IDENTIFICATION CARD NUMBER

BIRTH DATE (Month/Day/Year)

Full Legal Name

COMPLETE FIRST NAME

COMPLETE MIDDLE NAME

COMPLETE LAST NAME

COMPLETE FIRST NAME

COMPLETE MIDDLE NAME

COMPLETE LAST NAME

PREVIOUS LEGAL NAME (ONLY APPLIES IF YOU CHANGED IT SINCE LAST MIN DRIVER'S LICENSE, EDL, ID OR IP APPLICATION)

Full, Residence Address (where you live) Note: Make sure this is your CURRENT AND VALID ADDRESS. The post office will NOT forward your card.

Number Street

City State Zip Code MN County

OPTIONAL MAILING ADDRESS (SEE #1 ON BACK OF WHITE COPY) MAKE SURE THIS IS A VALID ADDRESS. THE POST OFFICE WILL NOT FORWARD YOUR CARD. I AFFIRM THAT THE U.S. POSTAL SERVICE WILL NOT DELIVER MAIL TO MY RESIDENCE ADDRESS SHOWN ABOVE. INITIAL HERE TO HAVE YOUR CARD SENT TO THE ADDRESS BELOW.

Applicant's Physical Description: Eye Color, Height, Weight in Pounds, Sex (Male/Female), Hair Color, Eye Color

- Check the status of your driving privileges
- Schedule a road test

Visit dvs.dps.mn.gov to:

Questions? Contact Us:

Driver's License questions: (651) 297-3298

Motor Vehicle questions: (651) 297-2126

License Status, available 24/7: (651) 284-2000

TDD/TTY: (651) 282-6555

PAID

JUN - 9 2016

Deputy 140

Deputy 140

<input type="checkbox"/> REG <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> PROV <input type="checkbox"/> ID <input type="checkbox"/> MBOP <input type="checkbox"/> CLP <input type="checkbox"/> REG IP	<input type="checkbox"/> EDL <input type="checkbox"/> DUP <input type="checkbox"/> D <input type="checkbox"/> MC <input type="checkbox"/> MBOP <input type="checkbox"/> GK <input type="checkbox"/> AIR <input type="checkbox"/> COMB <input type="checkbox"/> DBL/TRIPLE <input type="checkbox"/> PASSENGER <input type="checkbox"/> SCHOOL BUS <input type="checkbox"/> TANKER <input type="checkbox"/> HAZMAT <input type="checkbox"/> DWI	RX # _____ TESTS PASSED (STATE EXAM USE ONLY) <input type="checkbox"/> D <input type="checkbox"/> MC <input type="checkbox"/> MBOP <input type="checkbox"/> GK <input type="checkbox"/> AIR <input type="checkbox"/> COMB <input type="checkbox"/> DBL/TRIPLE <input type="checkbox"/> PASSENGER <input type="checkbox"/> SCHOOL BUS <input type="checkbox"/> TANKER <input type="checkbox"/> HAZMAT <input type="checkbox"/> DWI	RESTRICT/ENDORSE <input type="checkbox"/> MC ORIGINAL <input type="checkbox"/> MC RENEWAL <input type="checkbox"/> ADD/REMOVE FEES PAID APPLICATION \$ _____ OTHER FEES SB PHYS \$ _____ REIN FEE \$ _____ OTHER \$ _____ ORGAN DONATION \$ _____	VISION <input type="checkbox"/> PASS NR <input type="checkbox"/> PASS with CL <input type="checkbox"/> INCOMPLETE <input type="checkbox"/> ATTACHED: PROPER ID <input type="checkbox"/> YES <input type="checkbox"/> NO
INDICATORS <input type="checkbox"/> SENIOR <input type="checkbox"/> LTD MOBILITY <input type="checkbox"/> SNOWMOBILE <input type="checkbox"/> FIREARM <input type="checkbox"/> S or TC <input type="checkbox"/> VETERAN		INVALIDATED DL / ID / IP State: _____ Exp: _____		NOTES: _____

I was provided all privacy warnings as required by state and federal law. Submission of this application constitutes consent to registration with the selective service system, if required by federal law; I certify that the information on this application is correct. If I am applying for driving privileges, I am aware of the duties, responsibilities, and penalties outlined in M.S. § 169.444 regarding the safety of children around school buses.

DEPARTMENT OF PUBLIC SAFETY/DIVERSITY/ADULTER LICENSE

Applicant Signature: _____ Application Date: _____

THIS DOCUMENT IS A RECEIPT FOR THE TYPE OF CARD INDICATED, AND IS NOT A STANDALONE IDENTIFICATION DOCUMENT

- This receipt, in conjunction with an invalidated previous license, instruction permit or ID card, may be used as identification.
- This receipt is valid for the type of card indicated, when stamped with the proper validation stamp, for a maximum of 60 days from the application date shown above.
- This receipt is void if the applicant is not in compliance with all restrictions indicated on the driving record.
- **Not valid as Enhanced Driver's License (EDL) for border crossings.**
- **Lost, stolen and duplicate EDL cards are deactivated and may not be used for border crossings.**