



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

THIS IS NOT A STANDALONE IDENTIFICATION DOCUMENT

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

Birth Date (Month/Day/Year) **09/20/1980**

FULL LEGAL NAME

Lee Hilliard

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)

COMPLETE FIRST NAME

COMPLETE MIDDLE NAME

COMPLETE LAST NAME

FULL RESIDENT ADDRESS (unless you live) Note: Make sure this is your CURRENT and valid address. The post office will NOT forward your card.

Number **4501** Street **Camden Ave North** Apt **27**

City **Minneapolis** State **MN** Zip Code **55412** MN Country

OPTIONAL MAILING ADDRESS (see #1 on back of white card) MAKE SURE THIS IS A VALID ADDRESS. THE POST OFFICE WILL NOT FORWARD YOUR CARD. TO HAVE YOUR CARD SENT TO THE ADDRESS BELOW.

Number _____ Street _____ State _____ Zip Code _____ MN Country _____

Applicant's Physical Description: Eye Color **BRN** Hair Color **BLK** Height **5** ft. **03** in. Weight in Pounds **111** lbs. Blood Type **A**

Visit dvs.dps.mn.gov to:

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

Questions? Contact Us:

- Driver's License Questions: 651-297-3298
- License Status, available 24/7: 651-284-1234
- DVS Locations: 651-297-2000
- Motor Vehicle Questions: 651-297-2126
- TDD/TTY: 651-282-6555

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DEPUTY #1

This receipt is valid for 120 days from date of application.

<p>TYPE</p> <p><input type="checkbox"/> REG <input type="checkbox"/> EDL</p> <p><input type="checkbox"/> A <input type="checkbox"/> DUP</p> <p><input type="checkbox"/> B <input type="checkbox"/> DUP</p> <p><input type="checkbox"/> C <input type="checkbox"/> DUP</p> <p><input type="checkbox"/> D <input type="checkbox"/> DUP</p> <p><input type="checkbox"/> PROV <input type="checkbox"/> DUP</p> <p><input checked="" type="checkbox"/> MIBOP <input type="checkbox"/> DUP</p> <p><input type="checkbox"/> CIP <input type="checkbox"/> DUP</p> <p><input type="checkbox"/> REG JP</p>	<p>TESTS PASSED</p> <p>(STATE EXAM USE ONLY)</p> <p><input type="checkbox"/> D</p> <p><input type="checkbox"/> MC</p> <p><input type="checkbox"/> MIBOP</p> <p><input type="checkbox"/> GK</p> <p><input type="checkbox"/> AIR</p> <p><input type="checkbox"/> COMB</p> <p><input type="checkbox"/> DBL/TRIPLE</p> <p><input type="checkbox"/> PASSENGER</p> <p><input type="checkbox"/> SCHOOL BUS</p>	<p>RESTRICT/ENDORSE</p> <p><input type="checkbox"/> MC ORIGINAL</p> <p><input type="checkbox"/> MC RENEWAL</p> <p><input type="checkbox"/> ADD/REMOVE</p>	<p>VISION</p> <p><input type="checkbox"/> PASS NR</p> <p><input type="checkbox"/> PASS with CL</p> <p><input type="checkbox"/> INCOMPLETE</p> <p><input checked="" type="checkbox"/> ATTACHED:</p>
<p>INDICATORS</p> <p><input type="checkbox"/> SENIOR</p> <p><input type="checkbox"/> LTD MOBILITY</p> <p><input type="checkbox"/> SNOWMOBILE</p> <p><input type="checkbox"/> FIREARM</p> <p><input type="checkbox"/> S or TC</p> <p><input type="checkbox"/> VETERAN</p>	<p>FEES PAID</p> <p>APPLICATION: \$ 19.25</p> <p>OTHER FEES: \$</p> <p>MC: \$</p> <p>SB PHYS: \$</p> <p>REIN FEE: \$</p> <p>OTHER: \$</p> <p>ORGAN DONATION: \$</p>	<p>PROPER ID</p> <p>BC SSC</p>	<p>INVALIDATED</p> <p>DL / ID / IP</p> <p>STATE: _____</p> <p>EXP: _____</p>

NOTES: **Frost Arms**

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 enrolling for driving privileges, I am aware of the duties, responsibilities, and penalties outlined in M.S. § 169.44 regarding the safety of children around school buses.

Applicant Signature: **[Signature]**

Application Date: **11/14/2018**

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.



**IMPORTANT: READ THIS NOTICE BEFORE
YOU COMPLETE THE APPLICATION**

NOTICE

Why are you being asked to share this information and how will it be used?

The Department of Public Safety (DPS) will use the information to identify you as a person, to identify your driving record, to determine your eligibility for a driver's permit, license or identification card, prevent fraud, to access your record for any future service transactions and/or inquiries, and to comply with state and federal laws.

State and federal laws require collection of this information.

Minnesota Statutes §§ 171.06, 221.031, and 221.0314, and federal motor carrier safety regulations (49 C.F.R. §§ 383.71 and 383.153) require collection of this information.

Consequences of supplying or refusing to supply requested information.

If you supply the requested information, DPS will be able to determine whether to issue you a driver's permit, license, or identification card. The information may be used by other states to make decisions about whether to issue you a driver's license, permit, or identification card. The requested information may also be used by insurance providers to determine eligibility for automobile insurance coverage.

If you don't provide the information requested, DPS cannot issue you a driver's permit, license, or identification card and your existing driving privileges, if any, may be affected.

How is the requested information shared with other agencies?

DPS releases this information to local, state, and federal government agencies only as authorized or required by state and federal law. This means that the information may be shared with the following:

- Social Security Administration
- Selective Service System
- Federal Department of Labor
- MIN Department of Human Services
- MIN Department of Revenue
- MIN Department of Commerce
- MIN Attorney General's Office
- MIN Office of the Secretary of State
- MIN Department of Natural Resources
- MIN Department of Veterans Affairs

In addition, your personal information may be disclosed as authorized by United States Code, title 18, section 2721.

A note about your Social Security number.

You must provide your Social Security number according to M.S. § 171.06 and the Social Security Act, 42 U.S.C. § 606(e) (13). Your Social Security number is also required to determine your eligibility for a commercial driver's license under federal motor carrier safety regulations, 49 C.F.R. § 383.153. It is used to administer child support enforcement programs and locate individuals to establish paternity. It is also used to confirm your identity and residential address with the Social Security Administration, the Minnesota Department of Revenue, the Internal Revenue Service, Minnesota Department of Natural Resources, and the Minnesota Department of Human Services.

**PERMISSIBLE USES OF MOTOR VEHICLE DATA AS PROVIDED
UNITED STATES CODE, TITLE 18, SECTION 2721**

For use by any government agency, including any court or law enforcement agency, in carrying out its functions, or any private person or entity acting on behalf of a federal, state, or local agency in carrying out its functions.

For use in connection with matters of motor vehicle or driver safety and their motor vehicle emissions, motor vehicle product alterations, recalls, or advisories, performance monitoring of motor vehicles, motor vehicle parts, and dealers; motor vehicle market research activities, including survey research; and removal of non-owner records from the original owner records of motor vehicle manufacturers.

For use in the normal course of business by a legitimate business or its agents, employees, or contractors, but only:

(A) to verify the accuracy of personal information submitted by the individual to the business or its agencies, employees, or contractors; and

(B) if such information as so submitted is not correct or is no longer correct, to obtain correct information, but only for the purposes of preventing fraud by pursuing legal remedies against, or recovering on a debt or security interest against, the individual.

For use in connection with any civil, criminal, administrative, or judicial proceeding in any federal, state, or local court or agency or before any self-regulatory body, including the service of process, investigation, anticipation of litigation, or the execution or enforcement of a judgment, order, or decree, or pursuant to an order of a federal, state, or local court.

For use in research activities, and for use in producing statistical reports, so long as the personal information is not published, re-disclosed, or used to contact individuals.

For use by any insurer or insurance support organization, or by a self-insured entity, or its agents, employees or contractors, in connection with claims investigation activities, anti-fraud activities, rating, or underwriting.

For use in providing notice to the owners of towed or impounded vehicles. For use by any licensed private investigative agency or licensed security service for any purpose permitted under this subchapter.

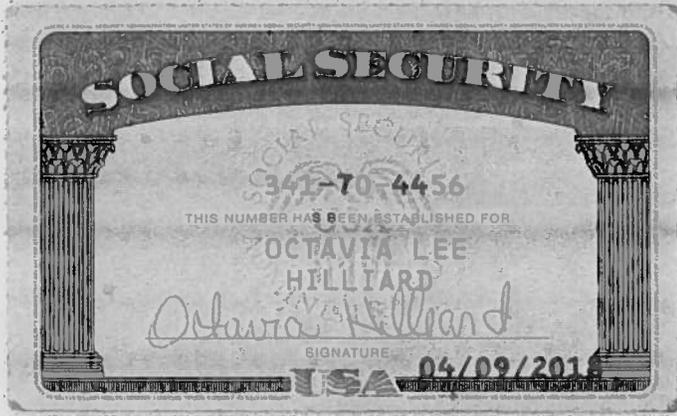
For use by an employer or its agent or insurer to obtain or verify information relating to a holder of a commercial driver's license that is required under the Commercial Motor Vehicle Safety Act, 49 U.S.C. §§ 31501-17.

For use in connection with the operation of private toll transportation facilities. For any other use in response to requests for individual motor vehicle records if the state has obtained the express consent of the person to whom such personal information pertains.

For bulk distribution for surveys, marketing, or solicitations if the state has obtained the express consent of the person to whom such personal information pertains.

For use by any requester if the requester demonstrates it has obtained the written consent of the individual to whom the information pertains.

For any other use specifically authorized under the law of the state that holds the record, if such use is related to the operation of a motor vehicle or public safety.



This card belongs to the Social Security Administration and you must return it if we ask for it.

If you find a card that isn't yours, please return it to:
Social Security Administration
P.O. Box 33008, Baltimore, MD 21290-3008

For any other Social Security business/information, contact your local Social Security office. If you write to the above address for any business other than returning a found card you will not receive a response.

Social Security Administration
Form SSA-3000 (08-2011)



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