



State of New Hampshire Department of Safety
Division of Motor Vehicles



APPLICATION FOR DRIVER LICENSE OR NON-DRIVER ID CARD

PLEASE PRINT CLEARLY IN BLUE OR BLACK INK

I AM APPLYING FOR Opt-in Real ID Yes No

| | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|------------------------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Original License/NH license in exchange for a license from another US State, the District of Columbia or Canadian Province or a US Territory | <input type="checkbox"/> Renewal | Non – Driver ID Card | <input type="checkbox"/> Replacement Reason: _____ |
| | Limited Privilege License | Motorcycle Endorsement (includes 3 Wheel and motor driven cycle) | |

Are you a United States Citizen? YES NO
 Are you a New Hampshire Resident? YES NO
 Do you have, or did you ever have a New Hampshire driver license or non-driver ID card? YES NO
 Do you have or did you ever have a driver license that is valid or that expired within the past twelve months issued by another US State, the District of Columbia or a Canadian Province? YES NO
 If "YES", where was it issued? _____ Date of Expiration: _____
 Type of License: _____ License ID No.: _____

IDENTIFICATION INFORMATION PLEASE CHECK BOX IF MAILING AND LEGAL ADDRESS ARE THE SAME

FIRST NAME (REQUIRED) MIDDLE (REQUIRED) LAST NAME (REQUIRED) SUFFIX (Sr, Jr, etc.)

ADDRESS WHERE YOU GET YOUR MAIL (REQUIRED)

| | | | | |
|--------|--------|--------------|-------|----------|
| STREET | APT. # | CITY OR TOWN | STATE | ZIP CODE |
|--------|--------|--------------|-------|----------|

ADDRESS WHERE YOU LIVE (REQUIRED)

| | | | | |
|--------|--------|--------------|-------|----------|
| STREET | APT. # | CITY OR TOWN | STATE | ZIP CODE |
|--------|--------|--------------|-------|----------|

(ALL ARE REQUIRED)

| DATE OF BIRTH | | | GENDER | | | HEIGHT | | WEIGHT | EYE COLOR | HAIR COLOR |
|---------------|-----|------|--------|--------|-------|--------|--------|--------|-----------|------------|
| MONTH | DAY | YEAR | MALE | FEMALE | OTHER | FEET | INCHES | POUNDS | | |

(REQUIRED IF FIRST OR ORIGINAL NH DRIVER LICENSE OR REAL ID)

| | | |
|-----------------------------|-----------------------------|---------------------------|
| SOCIAL SECURITY INFORMATION | TELEPHONE NUMBER (OPTIONAL) | E-MAIL ADDRESS (OPTIONAL) |
|-----------------------------|-----------------------------|---------------------------|

OPTIONAL (CHECK ANY THAT APPLY)

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> I wish to add the Veteran Indicator (Additional documents required) | <input type="checkbox"/> I do not wish to have my photograph retained in the records of the Department of Safety (RSA 260:14) (Does not apply to REAL ID) | <input type="checkbox"/> I wish to have my legal address appear on the back of my driver license or ID card. (Required on REAL ID) |
| <input type="checkbox"/> I wish to have my social security number removed from DMV Records, pursuant to RSA 263:40-a (Does not apply to REAL ID) | | <input type="checkbox"/> I am 18 years old and consent to registration with the Selective Service System as required by Federal Law (RSA 263:5-c) (Only for males age 18 – 25) |

CHECK HERE TO SAVE A LIFE By checking this box, you consent to Organ & Tissue Donation pursuant to RSA 263:41. Donation information will be provided to federally-designated organizations so that your decision to donate may be honored.

SIGN HERE _____ **DATE** _____

By signing above, I certify that I have paid all resident taxes or Interest and Dividends Tax (RSA 77) for which I am liable, and, if required, insurance certificates are on file with the Director of Motor Vehicles. My driving privileges are not subject to or under disqualification, suspension or revocation by any jurisdiction (does not apply to non-driver ID). This application is signed under penalty of unsworn falsification pursuant to RSA 641:3.

FEE SCHEDULE Make checks payable to: State of NH - DMV

| LICENSE TYPE | ORIGINAL | RENEWAL | LICENSE TYPE | ORIGINAL | RENEWAL |
|-------------------------------|----------|---------|------------------------|----------|---------|
| Operator or Limited Privilege | \$50.00 | \$50.00 | Motorcycle Only | \$55.00 | \$55.00 |
| Non-Driver Identification | \$10.00 | \$10.00 | Motorcycle Endorsement | \$30.00 | \$ 5.00 |
| Operator/Motorcycle | \$80.00 | \$55.00 | Motor Driven Cycle | \$55.00 | \$55.00 |
| REAL ID | \$60.00 | \$60.00 | Moped | \$ 8.00 | \$ 8.00 |

DMV USE ONLY Vision Test With CL Without CL DSMV450 (Revised 1/20)

Payment Method: CASH CHECK CREDIT CARD MONEY ORDER