

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 YOUR SOCIAL SECURITY NUMBER OR INDIVIDUAL TAXPAYER IDENTIFICATION NUMBER IS REQUIRED BY LAW. IT WILL BE USED IN THE ADMINISTRATION OF MOTOR VEHICLE, TAX AND CHILD SUPPORT LAWS, TO IDENTIFY INDIVIDUALS AFFECTED BY SUCH LAWS.				**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 (MM/DD/YYYY)			GENDER		EYE COLOR		WEIGHT		HEIGHT		
									ft		in
SIGNATURE:							DATE (MM/DD/YYYY)				

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 (R8 /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

Trans Type: Standard

6 Points of Identification*

- Primary Document:

- Secondary Document(s):

- Proof of Full Social Security Number:

- Proof of Address:

Trans Type: Real ID

- 2 Proofs of Residential Address:

- 1 Proof of Full Social Security Number:

- 6 Points of Identification*: