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| Seal BMV-small | OHIO DEPARTMENT OF PUBLIC SAFETYBUREAU OF MOTOR VEHICLES**APPLICATION INFORMATION for standard****OHIO DRIVER LICENSE or ID CARD** | Agency Number |
| APPLICATION NUMBER |
| Applicants are required to complete Column A of this form in order to apply for the following: Ohio Driver License (DL) [includes Commercial, Operator, Motorcycle Only, Moped, or Motor Scooter], Ohio Identification Card (ID) [includes Temporary or Permanent], and Ohio Temporary Instruction Permit Identification Card (TIPIC) [includes all classes]. Applicants must present acceptable documents. |
| **BMV USE ONLY - Check the following box(es) that applies:** |
| **[ ]  Ohio DL / ID / TIPIC** has never been issued or is expired over 6 months[ ]  **Ohio DL / ID / TIPIC** was lost, stolen, damaged, destroyed, suspended, or confiscated (Ohio DL / ID / TIPIC is not presented) [ ]  **Converting to Ohio DL** from another state/country | [ ]  **Request a change/correction** to Name, Date of Birth, Social Security Number, or License Number as permitted[ ]  **Non-U.S. Citizens** must present all legal presence documentation **OR an I-551**, except U.S. Nationals[ ]  **Naturalization:** Recently Naturalized |

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| **COLUMN A****Applicants must complete all of column A.****MUST WRITE FULL LEGAL NAME** |
| First Name |
| Full Middle NAME |
| CURRENT LAST NAME |
| RESIDENCE ADDRESS (No P.O. Box permitted) |
| City |
| STATE | Zip |
| SHIP CARD TO - ADDRESS (if different than listed above) |
| City | state | zip |
| date of birth (MM/DD/YYYY) | Gender[ ]  Male [ ]  Female |
| SOCIAL SECURITY NUMBER   |
| HEIGHT | WEIGHT |
| HAIR COLOR | EYE COLOR |
| Telephone Number(  )  |
| E-mail Address |
| **LEGAL PRESENCE IN UNITED STATES**[ ]  U.S. CITIZEN[ ]  U.S. NATIONAL (NON-U.S. CITIZEN)[ ]  PERMANENT RESIDENT (NON-U.S. CITIZEN)[ ]  TEMPORARY RESIDENT (NON-U.S. CITIZEN)Country of Citizenship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **WARNING: IT IS A CRIMINAL OFFENSE TO GIVE FALSE INFORMATION ON THIS APPLICATION.**Under penalty of law, I affirm that the above information is true to the best of my knowledge and belief. |
| **COLUMN B (BMV USE ONLY)****Applicants must present documents to prove the 5 elements. If applying for a duplicate or renewal, one document is acceptable when all conditions are met.** |
| **PROOF OF NAME, DOB, AND U.S. CITIZENSHIP** |
| [ ]  Original or Certified Birth Record(state) [ ]  U.S. Passport / Passport CardExp. Date  | [ ]  U.S. Naturalization Document[ ]  ODRC I.D. Card[ ]  ODYS I.D. Card[ ]  Consular Report of Birth Abroad |
| **U.S. NATIONAL PROOF OF NAME, DOB, AND LEGAL PRESENCE** |
| [ ]  Original or Certified Birth Record(territory) [ ]  Consular Report of Birth Abroad | [ ]  U.S. Passport / Passport CardExp. Date Endorsement Page Number  |
| **PROOF OF NAME CHANGE (if applicable)**[ ]  Divorce Doc [ ]  Marriage Doc [ ]  Certified Copy of Court Ordered Name Change |
| **ONE DOCUMENT TRANSACTION**(Specify Document)  |
| **PROOF OF SSN**  |
| **[ ]** SS Card**[ ]** W-2 **[ ]** 1099 **[ ]** Pay Stub **[ ]** BMV 2161 (not SS eligible)**[ ]** Other (specify)  |
| **NON-U.S. CITIZEN-Proof of Name, DOB & Legal Presence**[ ]  Permanent Resident Card (I-551) [ ]  Conditional Resident (I-551T) |
| [ ]  Employment Authorization Card (I-766) [ ]  Unexpired Foreign Passport |
| [ ]  VISA (type / class) [ ]  I-20 [ ]  OPT / CPT [ ]  DS-2019 |
| **[ ]** I-94 [ ]  I-797 [ ]  PPR  |
|  (case type) |
| [ ]  Other (specify)  |
| Legal Presence Document Exp. Date (Mandatory)  |
| **PROOF OF OHIO STREET ADDRESS** (No P.O. Box) |
| [ ]  No Address Change [ ]  Document (specify) [ ]  Declared – Ohio DL / ID is unexpired or expired less than 6 mos (Excludes Temp Residents) |
| [ ]  **NON-OHIO LICENSE OR ABSTRACT** |
| **BASS SYSTEM DATA MATCH** | **BASS PHOTOGRAPH** |
| [ ]  NEW / OSC (No Data in System)[ ]  Name[ ]  DOB[ ]  SS Number | [ ]  No Photograph in BASS[ ]  BASS Photograph Match[ ]  BASS Photograph Mismatch (must complete investigative review) |
| **DISCREPANCY** [ ]  Name [ ]  DOB [ ]  SS Number |
| DOCS. FOR RESOLUTION  |

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| Signature of Applicant (Must be signed in front of the processing employee)**X** | Date |
| Signature of Processing Employee**X** | \*Signature of REVIEWER**X** |
| **\*If processing employee is not a Deputy Registrar or supervisor, reviewer must be a Deputy Registrar or supervisor.** |
| **If applicant is assisted with completing this form, print name of assistant and their DL / ID number, if available:**  |

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| APPLICATION NUMBER |
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| **BMV USE ONLY - Check the following box(es) that applies:** |
| **[ ]  Compliant Ohio DL / ID / TIPIC** has never been issued or is expired over 6 months[ ]  **Ohio DL / ID / TIPIC** was lost, stolen, damaged, destroyed, suspended, or confiscated (Ohio DL / ID / TIPIC is not presented) [ ]  **Converting to Compliant** **Ohio DL** from another state/country | [ ]  **Request a change/correction** to Name, Date of Birth, Social Security Number, or License Number as permitted[ ]  **Non-U.S. Citizens** must present all legal presence documentation **OR an I-551**, except U.S. Nationals[ ]  **Naturalization:** Recently Naturalized |

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| **COLUMN A****Applicants must complete all of column A.****MUST WRITE FULL LEGAL NAME** |
| First Name |
| Full Middle NAME |
| CURRENT LAST NAME |
| RESIDENCE ADDRESS (No P.O. Box permitted) |
| City |
| STATE | Zip |
| SHIP CARD TO - ADDRESS (if different than listed above) |
| City | state | zip |
| date of birth (MM/DD/YYYY) | Gender [ ]  Male [ ]  Female |
| SOCIAL SECURITY NUMBER   |
| HEIGHT | WEIGHT |
| HAIR COLOR | EYE COLOR |
| Telephone Number(  )   |
| E-mail Address |
| **LEGAL PRESENCE IN UNITED STATES**[ ]  U.S. CITIZEN [ ]  U.S. NATIONAL (NON-U.S. CITIZEN)[ ]  PERMANENT RESIDENT (NON-U.S. CITIZEN)[ ]  TEMPORARY RESIDENT (NON-U.S. CITIZEN)Country of Citizenship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **COLUMN B (BMV USE ONLY)****Applicants must present documents to prove the 5 elements. If applying for a duplicate or renewal, one document is acceptable when all conditions are met.** |
| **PROOF OF NAME, DOB, AND U.S. CITIZENSHIP** |
| [ ]  Original or Certified Birth Record(state) [ ]  U.S. Passport / Passport CardExp. Date  | [ ]  U.S. Naturalization Document[ ]  I-797 Case Type I-565[ ]  Consular Report of Birth Abroad |
| **U.S. NATIONAL PROOF OF NAME, DOB, AND LEGAL PRESENCE** |
| [ ]  Original or Certified Birth Record(territory) [ ]  Consular Report of Birth Abroad | [ ]  U.S. Passport / Passport CardExp. Date Endorsement Page Number  |
| **PERMANENT RESIDENT – Proof of Name, DOB, and Legal Presence**[ ]  Permanent Resident (I-551) [ ]  Conditional Resident (I-551T) Exp. Date  |
| **TEMPORARY RESIDENT – Proof of Name, DOB, and Legal Presence**Applicant must present documents from each column (cannot be the same document in both columns, supplemental document must be verifiable through SAVE) |
| **Main Document** | **Supplemental USCIS Document** |
| [ ]  Employment Authorization Card (I-766)[ ]  Unexpired Foreign PassportVisa Type With I-94[ ]  Compliant Ohio DL/ID/TIPICExp. Date  | [ ]  Employment Authorization Card (I-766)[ ]  I-94[ ]  I-20 [ ]  OPT/CPT [ ] DS-2019[ ]  I-797 [ ]  PPR Case type[ ]  Other (specify) Exp. Date  |
| **PROOF OF NAME CHANGE (if applicable)**[ ]  Divorce Doc [ ]  Marriage Doc [ ]  Certified Copy of Court Ordered Name Change |
| **PROOF OF SSN****[ ]** SS Card **[ ]** W-2 **[ ]** 1099 **[ ]** Pay Stub |
| **PROOF OF OHIO STREET ADDRESS** (No P.O. Box)[ ]  Document 1 [ ]  Document 2[ ]  No Address Change [ ]  Declared – Compliant Ohio DL / ID is unexpired or expired less than 6 mos. |
| **ONE DOCUMENT TRANSACTION**(Specify Document)  |
| [ ]  **NON-OHIO LICENSE OR ABSTRACT** |
| **BASS SYSTEM DATA MATCH**[ ]  NEW / OSC (No Data in System)[ ]  Name [ ]  DOB[ ]  SS Number | **BASS PHOTOGRAPH**[ ]  No Photograph in BASS[ ]  BASS Photograph Match[ ]  BASS Photograph Mismatch (must complete investigative review) |
| **DISCREPANCY** [ ]  Name [ ]  DOB [ ]  SS Number |
| DOCS. FOR RESOLUTION  |

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| **WARNING: IT IS A CRIMINAL OFFENSE TO GIVE FALSE INFORMATION ON THIS APPLICATION.** Under penalty of law, I affirm that the above information is true to the best of my knowledge and belief. |
| Signature of Applicant (Must be signed in front of the processing employee)**X** | Date |
| Signature of Processing Employee**X** | \*Signature of REVIEWER**X** |
| **\*If processing employee is not a Deputy Registrar or supervisor, reviewer must be a Deputy Registrar or supervisor.** |
| **If applicant is assisted with completing this form, print name of assistant and their DL / ID number, if available:**  |