



DEPARTMENT OF TRANSPORTATION
DRIVER AND MOTOR VEHICLE SERVICES
1905 LANA AVE NE, SALEM OREGON 97314

VALID WITHOUT PHOTO LICENSE/PERMIT APPLICATION

Qualifying Reason: Approved ADA Case Active Military Duty Facial Disfigurement Religious Tenets
 Original Renewal Replacement

DRIVER LICENSE <input type="checkbox"/> CLASS C <input type="checkbox"/> CLASS C RESTR'D	LT CONVERT <input type="checkbox"/>	INSTRUCTION PERMIT <input type="checkbox"/> CLASS C <input type="checkbox"/> MOTORCYCLE	ENDORSEMENT <input type="checkbox"/> MC <input type="checkbox"/> MC-3 <input type="checkbox"/> FARM	AT-RISK <input type="checkbox"/>
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APPLICANT INFORMATION: **NOTE: YOUR ADDRESS BELOW MUST BE CURRENT. THE U.S. POSTAL SERVICE WILL NOT FORWARD YOUR LICENSE OR ID CARD.**

LAST NAME (PRINT NAME)		FIRST NAME	MIDDLE NAME	SOCIAL SECURITY NUMBER
OREGON DRIVER / ID NUMBER	DATE OF BIRTH (MM-DD-YYYY)	MOTHER'S MAIDEN NAME	PLACE OF BIRTH (CITY AND STATE OR COUNTRY)	
Do you want your license to show that you are an anatomical donor? <input type="checkbox"/> YES <input type="checkbox"/> NO	Do you want your license to show that you are deaf/hard of hearing? <input type="checkbox"/> YES <input type="checkbox"/> NO	HEIGHT FT. IN.	WEIGHT LBS.	SEX (CIRCLE) M F X
RESIDENCE ADDRESS		MAILING ADDRESS, CITY, STATE, ZIP CODE (IF DIFFERENT THAN YOUR RESIDENCE ADDRESS)		
CITY, STATE, ZIP CODE		TELEPHONE NUMBER	EMAIL ADDRESS	

CURRENT OR PREVIOUS MILITARY SERVICE: By checking this box I authorize DMV to send my name and address to the Oregon Department of Veterans' Affairs (ODVA) for the purpose of receiving benefit information.

DRIVING HISTORY:

- Have you ever had a driver license from another state, U.S. territory, or country? YES NO If yes, what state or country: _____ Number (if known): _____
- Is your driver license currently suspended, cancelled or revoked? YES NO
- List other names you have used on a driver license or ID card. 1. _____ 2. _____

APPLICANT CERTIFICATION:

By signing this application, I certify that I am a resident of or domiciled in Oregon. I certify that my vision does not impact my ability to drive safely; I use glasses or contact lenses if I need them. I certify that I do not have any physical or mental conditions that affect my ability to drive safely. I certify that I do not have a problem condition with alcohol, drugs or other controlled substances that affects my ability to drive safely. I certify that all documentation and information I provided to DMV is true and correct. I understand it is a crime to knowingly make a false application for driving privileges or an ID Card. The offense is a class A misdemeanor and is punishable by jail time, a fine or both. DMV will cancel and/or suspend my driver license, permit or ID if I make a false statement or present false documentation.

UNDER 18 years of age: **Applicant:** If applying for a Class C license, I certify that I meet the requirements under ORS 807.065(1)(2): I have completed Driver Education and 50 hours of driving experience; or I completed 100 hours of driving experience; or I have a valid driver license issued by another state.

Parent/Legal Guardian: ORS 807.060(2) requires the signature of applicant's mother or father whose parental rights have not been terminated, or a legal guardian, unless the applicant is an emancipated minor. By signing this application, parent or legal guardian certifies that applicant meets school enrollment requirements under ORS 807.066, unless applicant has a diploma or GED (proof of diploma or GED required).

SIGNATURE OF APPLICANT X	SIGNATURE OF MOTHER, FATHER, OR LEGAL GUARDIAN X
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SSN: Disclosure of your Social Security number (SSN) is mandatory for issuance, renewal or replacement of your driver license or identification card under ORS 807.021(1). If you are adding or renewing a farm endorsement, you must be eligible for the farm endorsement without testing and you must submit form 735-6776.

735-171A (1-23)

ELECTRONIC SIGNATURE INSTRUCTIONS



Please sign your signature again **within** the box on the left using only black or dark blue ink.

Make sure your signature stays within the boxed area like the sample above. This signature will be electronically transferred to the back of your new driver license.



DRIVER TEST SCORE SHEET

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EQUIPMENT FAIL:

RESTRICTION

DATE	COURSE	APPLICANT'S NAME	ODL #	PLATE/TEMP
REPRESENTATIVE	INSURANCE COMPANY	POLICY NUMBER	EXPIRATION DATE	

A. LEFT TURN			APPROACH	A. RIGHT TURN			F. INTERSECTIONS						
1	2	3		1	2	3	CONTROLLED		1	2			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Signal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Observation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Attention		<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Correct Lane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Stop - too close, crosswalk, intersection		<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Unnecessary Stop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Stop - too suddenly, full, unnecessary		<input type="checkbox"/>	<input type="checkbox"/>			
			IF STOP										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Intersection, Crosswalk, Too Close	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	UN-CONTROLLED						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Full Stop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Attention			<input type="checkbox"/>			
			TURNING				G. PARKING SPACE		IN	OUT			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Observation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Speed		<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Right of Way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Position		<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Speed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Attention		<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Wide or Short	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	H. SPEED		POSTED	UNPOSTED			
			COMPLETE TURN				1. Too Fast		<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Correct Lane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Too Slow		<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Signal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I. LACK OF ATTENTION Non Designated						
B. PARKING			C. BACKING			D. RE-ENTRY			1. Pedestrians		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Signal	<input type="checkbox"/>		1. Observation	<input type="checkbox"/>		1. Observation	<input type="checkbox"/>		2. Fails to Anticipate		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Observation	<input type="checkbox"/>		2. Path	<input type="checkbox"/>		2. Signal	<input type="checkbox"/>		3. Vehicle Control		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Position	<input type="checkbox"/>								4. Strays from Driving / Reaction to Emergency		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ON LEFT OFF	LEFT	OFF	E. LANE CHANGE			RIGHT			5. Lane Usage		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	1. Signal			<input type="checkbox"/>		<input type="checkbox"/>	6. Speed		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>		2. Observation					<input type="checkbox"/>	7. Following		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>		3. Position					<input type="checkbox"/>					

SCORE

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GFIFs Grounds for Immediate Failure

- An accident involving any amount of property damage or personal injury.
- The applicant refuses to perform any maneuver which is part of the prescribed driving test.
- Any dangerous action in which:
 - An accident is prevented by expert driving or action on the part of other drivers.
 - The examiner is forced to assist the driver in avoiding an accident physically or orally.
 - The applicant drives or backs over curb or sidewalk.
 - The applicant creates a serious traffic hazard by stalling or other improper driving behavior.
- The applicant commits any of the following:
 - Passes another car which is stopped at a crosswalk, yielding to a pedestrian or passes a school bus stopped with its red lights flashing.
 - Makes or starts to make a turn into or from the wrong lane under traffic conditions that render such actions dangerous.
 - Runs through or has to be stopped from running one red light or one stop sign.
- If after proceeding a short distance on the drive test or after completion of the drive test it becomes apparent that the applicant is dangerously inexperienced or is unable to operate vehicle equipment, score the test "G5."

TOTAL ERRORS

1 = 97
2 = 94
3 = 91
4 = 88
5 = 85
6 = 82
7 = 79
8 = 76
9 = 73
10 = 70
11 = 67
12 = 64
13 = 61