DMV VALIE	WITH PREVIOUS PHO	OTO LICENSE / PEI	RMIT / ID CARD APPLICATION
DEPARTMENT OF THANSPORTATION	you are applying: Replacemen		n on Page 2 of this application. All requirements
DRIVER AND MOTOR VEHICLE SERVICES 1905 LANA AVE NE, SALEM OREGON 97314	Renewal		pible to renew or replace your license.
APPLICANT INFORMATION LAST NAME (PLEASE PRINT)	FIRST NAME	MIDDLE NAME	RVICE WILL NOT FORWARD YOUR LICENSE OR ID CARD. SOCIAL SECURITY NUMBER
OREGON DRIVER / ID NUMBER DA	re of Birth (MM-DD-YYYY) MOTHER'S	S MAIDEN NAME	PLACE OF BIRTH (CITY AND STATE OR COUNTRY)
Do you want your license/ID to show that you are an anatomical donor?		rrently hold YES HEIGHT Holdorsement? NO FT. I	WEIGHT SEX (CIRCLE) HAIR COLOR EYE COLOR IN. LBS. M F X
	CDL with a hazmat endorsement y Oregon DMV record. See Page 2 of this		background check and have current hazmat and requirements.
will be mailed to the address	n this application will be the mailing add listed. For more information about DM	V address requirements, go to: v	-
RESIDENCE ADDRESS		TEMPORARY / MAILING ADDR	RESS (IF DIFFERENT FROM RESIDENCE ADDRESS)
CITY, STATE, ZIP CODE		CITY, STATE, ZIP CODE	
E-MAIL ADDRESS		TELEPHONE NUMBER (WE AI	RE UNABLE TO CALL OUT OF COUNTRY AREA CODES)
CURRENT OR P Oregon Departme	REVIOUS MILITARY SERVICE: By checking ent of Veterans' Affairs (ODVA) for the purpose	g this box I authorize DMV to send m	y name and address to the
DRIVING HISTORY:	(02777) 10. 11.0 purpot		
Have you ever had a driver license	e from another state, U.S. territory, or country	? YES NO If yes, what state	or country: Number (if known):
2. Is your driver license currently	y suspended, cancelled or revoked?	□YES □NO	
3. List other names you have us	ed on a driver license or ID card. 1		2
MEDICAL FITNESS CERTIF	ICATION: (Skip this section if applying	for an Identification Card.)	
By signing this application, I co	ertify that my vision does not impact	my ability to drive safely; I use	e glasses or contact lenses if I need them. I certify
that I do not have any physical	or mental conditions that affect my a	ability to drive safely. I certify the	hat I do not have a problem condition with alcohol,
drugs or other controlled subst	ances that affects my ability to drive s	safely.	
APPLICANT CERTIFICATION	N:		
By signing this application, I c	ertify that I am a resident of or dom	niciled in Oregon as described	d in ORS 807.062 and that all documentation and
-			alse application for driving privileges or an ID Card.
1		e, a fine or both. DMV will cand	cel and/or suspend my driver license, permit or ID if
I make a false statement or pre		(1) (1)	OD0 007 005(4)(0) 11
			ORS 807.065(1)(2): I have completed Driver rience; or I have a valid driver license issued by
another state.		•	•
18 years 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			
			ig this application, parent or legal guardian certifies ant has a diploma or GED (proof of diploma or
SIGNATURE OF APPLICANT		SIGNATURE OF MOTHER, FAT	THER, OR LEGAL GUARDIAN
X		X	
· · · · · · · · · · · · · · · · · · ·	Security number (SSN) is mandatory for issu	uance, renewal or replacement of you	ur driver license or identification card under ORS 807.021(1).
735-171B (1-23) –	<u> </u>	_	
		ELECTRONIC	SIGNATURE INSTRUCTIONS
		\leftarrow \downarrow	hn Q Public
			• • • • • • • • • • • • • • • • • • • •
		Please sign your signatu black or dark blue ink.	re again within the box on the left using only
			a stave within the hoved area like the comple
			e stays within the boxed area like the sample ill be electronically transferred to the back of

READ THESE INSTRUCTIONS CAREFULLY

To be eligible for a Valid with Previous Photograph license, permit, or ID card you must: Have a photo on file with DMV that is less than nine years old. Provide a completed and signed Certification of Oregon Residency Or Domicile, Form 735-7182. (Renewal only) Provide proof that you are a resident of or domiciled in Oregon. Acceptable proof is noted on back of the Certification of Oregon Residency Or Domicile Form. (Renewal only) Provide proof of being a U.S. citizen or lawful permanent resident of the United States, if not previously provided. Provide your Social Security number (SSN) on the front of this application for verification with the Social Security Administration (SSA). (DMV will not be able to renew or replace your license, permit or ID card if the SSN provided does not verify with the SSA.) Provide proof of your current full legal name, if applicable. Proof of your current full legal name is required if your current full legal name is different then the name printed on your proof of legal presence. Provide photo identification. ☐ Provide a completed VWPP/VWOP Good Cause/Waiver Certification, Form 735-7359. Provide a completed Certificate of Vision, Form 735-24, if you are renewing your driver license or permit and you will be over the age of 50 at the time your current license or permit expires. Complete and sign this application. You **must** sign this application in the signature box as well as the "electronic signature" box. DMV cannot process your application unless you sign the application as required. ☐ Meet all other qualifications for the license or ID card. Submit a U.S. negotiable check or money order in the exact amount of the renewal or replacement fee. Mail your application and supporting documentation AS ONE PACKET. Failing to submit a complete packet will result in DMV returning your application. Mail your application to: Oregon DMV Driver Transactions Unit, VWPP 1905 Lana Ave. NE Salem, OR 97314

DMV will mail your VWPP license or ID card to the address on your DMV record. If you require Special Handling, you can provide a prepaid self addressed envelope or **YOU** have the option to purchase a prepaid mailing envelope from a mailing service provider which will allow you to track your license or ID card. DMV is unable to provide this service for you. You must contact a provider and make arrangements. If you choose to do this Special Handling option, **YOU** must send the prepaid envelope along with your VWPP application.

For assistance determining your eligibility, contact the DMV Driver Transactions Unit at 503-945-5033.

Other important information:

Active duty military persons, or their spouse, partner in a domestic relationship or dependent, are the only applicants that may add a motorcycle endorsement using the VWPP process. To qualify you must meet all eligibility requirements for renewal or replacement using the VWPP process. In addition, you must also submit a Motorcycle Safety Foundation Basic Rider Course completion card dated within 2 years and a *Certificate of Vision*. Form 735-24.

If you hold a CDL and are renewing, replacing or downgrading your driver license: You must complete and submit the CDL Addendum to VWPP/VWOP Driver License Application, Form 735-7361 in addition to all other required documents.

If you are adding or renewing a farm endorsement, you must complete and submit the Farm Endorsement Application, Form 735-6776, in addition to all other required documents.

If you hold a <u>non-commercial license</u> and are adding or renewing a farm endorsement, you must be eligible for the farm endorsement without testing. See Farm Endorsement Application 735-6776.