



United States Department Of State
DRIVER LICENSE and TAX EXEMPTION CARD Application

OMB Approval No. 1405-0105
 Expires 06-30-08
 Estimated Burden: 30 Minutes

This application must be typewritten. Please read instructions on reverse before completing.

1. Document(s) requested: **Driver License** _____ **Non-Driver I.D.** _____ **Tax Exemption Card: Personal** _____ **Mission** _____

Original Original Original Original

Replacement Replacement Replacement Replacement

Renewal Renewal Renewal Renewal

2. **PID#:** _____ 3. Principal's PID# _____ 4. Mission Type: _____ 5. Country: _____

6. Name: _____
 (Surname) (First Name) (Middle Name)

7. Address: _____
 (Number and Street) (City) (State) (Zip Code)

8. Date of Birth: _____ 9. Height: _____ 9a. Weight _____ 10. Sex: _____
 (MM/DD/YY) (Feet/Inches) (Pounds) (M/F)

11. Duty City/ State: _____ 12. Expected Departure Date: _____ 13. Predecessor: _____

Driver License: *(Only complete this section if applying for a driver license.)*

14. Type of license you are requesting: Regular _____ Motorcycle _____ Commercial/ Bus _____

15. Do you wear corrective lenses for driving? Yes _____ No _____

16. Do you have any physical disability, other than vision, which may affect your driving? Yes _____ No _____ If yes, submit with this application a certificate from your doctor indicating the onset of disability, diagnosis, prognosis, and medication, if any.

17. Do you possess a valid non-U.S. driver license? Yes _____ No _____ If yes, indicate: Country _____
 Expiration date: ___/___/___
 License # _____ (attach a legible photocopy of your non-U.S. license to this application).

18. Do you possess a valid U.S. driver license? Yes _____ No _____ If yes, indicate: State _____ Expiration date: ___/___/___
 License # _____ (attach a legible photocopy of your U.S. license to this application).

19. Has your U.S. license or privilege to operate a motor vehicle been suspended, revoked, cancelled, or refused by any state or by any jurisdiction within the United States? Yes _____ No _____ If yes, give: Date: _____ State _____

Affix mission seal below:

 Signature of certifying official

 Title of certifying official

 Date

WARNING

This information is provided to the U.S. Department of State in accordance with the requirements of United States law (Title 18, U.S. Code, Section 1001) that all such statements are truthful. False information will be considered a violation of U.S. law and, therefore, an abuse of the privileges and immunities to which an individual's status may entitle him or her.

For Office Use Only (Shaded Area)

| | | | |
|--|-----|-----|--|
| NAM | | ADD | |
| DOB | | HGT | |
| ACC | RET | INP | |
| LIT: C A B M | | | |
| RES: O X 1 2 3 4 5 6 7 | | | |
| Worded Restrictions: | | | |
| NLETS/AAMVA NET: | | | |
| Expiration date: | | | |
| Exemption #: | | | |
| Card Type: | | | |
| Remarks: | | | |
| A. Peel off adhesive cover and place color photo here: | | | |
| B. Sign in area below. | | | |
| USE BLACK INK ONLY | | | |

Instructions to Applicant

Who May Apply

For a driver license and/or a personal tax exemption card: an individual of a foreign mission or international organization with privileges and immunities and their eligible family members may apply. U.S. citizens, permanent residents or local hires may not apply. *When applying for a tax card only, OFM will accept an application only from applicants fully accredited by the Office of Protocol.*

For a mission tax exemption card: a designated authorized user may be any person working for the mission; individuals not employed by the mission cannot be an authorized user of a mission card. A separate application must be submitted for each authorized user.

NOTE: Children between the ages of 21 and 23 must submit a student justification form to the Office of Protocol prior to applying for either a driver license or tax exemption card. Eligibility ends on an individual's 23rd birthday.

General Instructions

1. **OFM will accept one application when applying for both a driver license or non-driver I.D. and a tax exemption card.**
2. Submit the application form with required attachments.
3. Please type and complete all items on the application. If an item does not apply to you enter "N/A." If questions are left blank, the application will be returned for completion.
4. Attach two recent passport size color photographs of yourself (attach one photo in **Block A** and one photo to top of application). All photographs should be (facial view) 1 ½ inches high by 1 ½ inches wide. The Office of Foreign Missions can provide this service at no charge. Sign **Block B** with black ink only.
5. For a tax exemption card complete items #1-13. For a driver license complete items # 1-19.

Item Instructions

- #1. Select type of document(s) you are requesting and indicate whether requesting an: **Original** for first time applicants, **Renewal** for an expiring document, or **Replacement** for lost or stolen driver license or tax card.
- #2-5. Enter your Personal Identification Number (PID) as assigned by the Office of Protocol and Principal's PID if a dependent. Fill in mission type with one of the Following: Embassy, Consulate, UN, OAS, World Bank, or IMF and country which you represent.
- #6-10. Enter your complete name, exactly as submitted to the Office of Protocol. Enter other information as requested.
- #11-13. Enter duty city and state, expected date of departure from the United States and predecessor.

NOTE: To replace a lost or stolen driver license or tax exemption card, the applicant must attach a diplomatic note to this application. The note must state where, when, and how the card was lost or stolen.

Driver License Specific Instructions

If you do not currently possess a driver license, you must obtain certification that you have satisfied all requirements for a driver license from the motor vehicle authority of the jurisdiction in which you live.

- #14. The regular Department of State driver license authorizes the bearer to operate a vehicle, a vehicle towing a trailer weighing no more than 26,000 pounds gross vehicle weight, or a bus which seats no more than 15 occupants, including the driver. To operate vehicles not authorized by the regular Department of State driver license, select the types of vehicles you wish to operate. Attach a legible photocopy of your qualifications to operate such vehicles.
- #15-16. Enter information as requested.
- #17. If you possess a valid non-U.S. license, you may be required to obtain certification from the motor vehicle authority of the jurisdiction in which you live that you have satisfied all requirements for a license.
- #18. If you currently possess a valid U.S. driver license, you may be required to take a vision test. You will exchange your current U.S. license for a Department of State license.

| | |
|---|----------------------------------|
| This space reserved for certifying Motor Vehicle Authority Use Only | |
| O F M | S T A M P |
| Class Type (Check One) | |
| <input type="checkbox"/> C - Regular License <input type="checkbox"/> M - Motorcycle <input type="checkbox"/> A - Commercial | |
| Testing Requirement(s) | |
| <input type="checkbox"/> Vision <input type="checkbox"/> Written/Legal/Law Test <input type="checkbox"/> Road/Skills Test | |
| Vision Test Results | |
| Left 20/___ Right 20/___ Both 20/___ Peripheral Vision _____ | |
| <input type="checkbox"/> With Lenses <input type="checkbox"/> Without Lenses | |
| Written/Legal/Law Test | |
| Passing Score _____ Passing Date _____ | |
| Road/Skills Test | |
| Passing Score _____ Passing Date _____ | |
| _____ Examiner Signature and Date | |
| _____ Telephone Number | |
| _____ City/County/State | |
| (MVA STAMP HERE) | |