

## Instructions

### Who is eligible

**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. U.S. citizens, permanent residents and local hires are not eligible.

**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:** Neither a tax exemption card nor a driver license will be issued to a child between the ages of 21 and 23 unless a student justification form has first been submitted to the Office of Protocol. Eligibility ends on a child'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 enter "N/A". If questions are left blank, the application will be returned for completion.
4. Attach two recent passport size color photographs of the individual (attach one photo in **Block A** and one photo to top of application). All photographs should be (facial view) 1 1/2 inches high by 1 1/2 inches wide. The individual must 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) requested and indicate whether requesting an: **Original** for first time issuance, **Renewal** for an expiring document, or Replacement for lost or stolen driver license or tax card.
- #2-5. Enter 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, US, OAS, World Bank, or IMF and country represented
- #6-10. Enter the individual's complete name, exactly as submitted to the Office of Protocol. Enter other information as requested.
- #11-13. Enter duty city and state, expected date or 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 the individual does not currently possess a driver license, provide certification that he/she has satisfied all requirements for a driver license from the motor vehicle authority of the jurisdiction in which he/she lives.

- #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 the individual wishes to operate. Attach a legible photocopy of his/her qualifications to operate such vehicles.
- #15-16. Enter information as requested.
- #17. An individual who possesses a valid non-U.S. license may be required to obtain certification from the issuing motor vehicle authority that all of its requirements for a license have been satisfied .
- #18. An individual who possesses a valid U.S. driver license may be required to take a vision test. The individual's current U.S. license will be exchanged for a Department of State license.

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

**PRIVACY ACT STATEMENT**

**AUTHORITIES:** The information is sought pursuant to Vienna Convention on Diplomatic Relations of 1961; Vienna Convention on Consular Relations of 1963; Diplomatic Relations Act (22 U.S.C. 254a-e); International Organizations Immunities Act (22 U.S.C. 288e (a)); Foreign Missions Act of 1982 (22 U.S.C. 4301-4316) as amended.

**PURPOSE:** The information solicited on this form will be used to adjudicate requests for driver license and tax exemption cards.

**ROUTINE USES:** The information provided on this form may be provided to other federal agencies for law enforcement, administrative or other statutorily authorized purposes as covered under STATE 36, Security Records. This information also may be provided to the employing foreign government or international organization.

**DISCLOSURE:** Providing this information is voluntary; Failure to provide the information requested on this form may result in denial of driver licenses or tax exemption cards.

**PAPERWORK REDUCTION ACT STATEMENT**

: \*Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time required for searching existing data sources, gathering the necessary documentation, providing the information and/or documents required, and reviewing the final collection. You do not have to supply this information unless this collection displays a currently valid OMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to: M/OFM, 3507 International Place NW, Washington, DC 20008.

**U.S. Department of State**  
**DRIVER LICENSE and TAX EXEMPTION CARD APPLICATION**

This application must be typewritten. Please read instructions on Page 1 before completing.

OMB Approval No. 1405-0105  
 Expires: xx-xx-xxxx  
 Estimated burden: 10 minutes\*

1. Document(s) requested: <b>Driver License</b> ____ <b>Non-Driver I.D.</b> ____ <b>Tax Exemption Card: Personal:</b> ____ <b>Mission:</b> ____			
<input type="checkbox"/> Original	<input type="checkbox"/> Original	<input type="checkbox"/> Original	<input type="checkbox"/> Original
<input type="checkbox"/> Replacement	<input type="checkbox"/> Replacement	<input type="checkbox"/> Replacement	<input type="checkbox"/> Replacement
<input type="checkbox"/> Renewal	<input type="checkbox"/> Renewal	<input type="checkbox"/> Renewal	<input type="checkbox"/> 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: (MM/DD/YYYY)	9. Height: (Feet/Inches)	9a. Weight: (Pounds)	10. Sex: (M/F)
11. Duty City/State:	12. Expected Departure Date: (MM/DD/YYYY)	13. Predecessor: _____ (See Addendum 1)	

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

14. Type of license requested: Regular \_\_\_\_ Motorcycle \_\_\_\_ Commercial/Bus \_\_\_\_

15. Does driver wear corrective lenses for driving? Yes \_\_\_\_ No \_\_\_\_

16. Does driver have any physical disability, other than vision, which may affect driving? Yes \_\_\_\_ No \_\_\_\_ If yes, submit with this application a certificate from the driver's doctor indicating the onset of disability, diagnosis, prognosis, and medication, if any.

17. Does driver possess a valid non-U.S. driver license? Yes \_\_\_\_ No \_\_\_\_ If yes, indicate: Country \_\_\_\_\_  
 Expiration date: \_\_\_\_\_ (MM/DD/YYYY)  
 License # \_\_\_\_\_ (attach a legible photocopy of the non-U.S. license to this application).

18. Does driver possess a U.S. driver license? Yes \_\_\_\_ No \_\_\_\_ If yes, indicate: State \_\_\_\_\_ Expiration date: \_\_\_\_\_ (MM/DD/YYYY)  
 License # \_\_\_\_\_ (attach a legible photocopy of the U.S. license to this application).

19. Has the driver's 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 \_\_\_\_\_ (MM/DD/YYYY)

**Affix mission seal here:**

\_\_\_\_\_  
 Signature of Certifying Official

\_\_\_\_\_  
 Title of Certifying Official

\_\_\_\_\_  
 Date (mm-dd-yyyy)

**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
	4	5	6	7
Worded Restrictions:				
NLETS/AAMVA NET:				
Expiration date: (mm/dd/yyyy)				
Exemption #:				
Card Type:				
Remarks:				
<b>A. Peel off adhesive cover and place color photo here:</b>				
<b>B. Sign in area below.</b>				
<b>USE BLACK INK ONLY</b>				