

Michigan Department of State Special Services Branch Driver License Application

Applicant Instructions: Please complete the physical description areas, being careful **not to write in any other area**. Sign your name in the signature box {using blue or black ink} at the bottom of this application and on the signature card if attached. Please have an eye doctor/vision specialist complete the vision statement portion of this form. **This application will not be processed without proof of Michigan residency.**

Driver License Number:	NEW DL#:	DOB:
Date:	Applicant's Name:	
Image: Military:	Home Address:	
License Type:	City, State, Zip:	
Fee Due: \$	Endorsements:	
Physical Description: Eye Color _____ Height _____ Weight _____ Social Security #: _____		

****You must contact the Special Service Branch at 517-636-5872 to determine your eligibility****
****All military personnel must submit proof of military ID****

This Section to be Completed by Ophthalmologist, Optician, Optometrist or Vision Specialist			
Vision at Last Examination	Without Corrective Lens	With Present Corrective Lens	Date:
Right Eye	20/	20/	Doctor's Telephone Number: ()
Left Eye	20/	20/	Date of Last Exam:
Both Eyes	20/	20/	Professional License No:
Patient's Field of Vision	Degrees		Printed Doctor's Name:
Doctor's Address:			
Doctor's Signature:			

Applicant Certification (place an "X" under yes or no)	Yes	No
1. In the last 6 months (if operator license) or 12 months (if chauffeur license), have you had a physical or mental condition which affected your ability to drive a motor vehicle safely?		
2. In the last 6 months (if operator license) or 12 months (if chauffeur license), have you suffered a fainting spell, blackout, seizure or other loss of consciousness?		
3. Are you currently disqualified, suspended, revoked, denied or canceled from operating a non-commercial or commercial motor vehicles in Michigan or any other state?		
4. Do you reside at a permanent Michigan address with the intention of staying in Michigan?		
5. Do you have a valid driver's license or personal ID card from one or more US States/ US Territories/ Canadian Provinces other than Michigan?		
6. Do you want a Motorcycle Endorsement?		
7. Are you a citizen of the United States of America?		
8. Do you wear corrective lenses for driving?		

Would you like to: Register to vote? Sign up to be an Organ Donor?

My signature on this application certifies that all statements on it are true and that I have surrendered all valid licenses issued to me by any other state.

X

Make check or money order payable to the "State of Michigan"