



# United States Department Of State

## DRIVER LICENSE and TAX EXEMPTION CARD Application

OMB Approval No. 1405-0105  
Expires 04-30-2005  
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** \_\_\_\_\_

<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: \_\_\_\_\_ 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:**

TO EXPOSE ADHESIVE, PEEL OFF LINEAR ADHESIVE COVER

**B. Sign in area below.**

**USE BLACK INK ONLY**