United States Department Of State

DRIVER LICENSE and TAX EXEMPTION CARD Application

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

1. Document(s) requested: Driver License _____ Non-Driver I.D. _____
   □ Original □ Replacement □ Renewal
   Tax Exemption Card: Personal _____ Mission _____
   □ Original □ Replacement □ 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. Eye Color:
   □ MM/DD/YY □ (Feet/Inches)

10. Sex: □ M □ F

11. Duty City/State: ________ 12. Applicant’s Email: ________

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.

DS-1972 03-2003

In accordance with 5 CFR 1320.5(b), persons are not required to respond to the collection of this information unless this form displays a currently valid OMB control number.