



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: (MM/DD/YY)	9. Height: (Feet/Inches)	9a. Eye Color	10. Sex: (M/F)
11. Duty City/ State:		12. Applicant's Email:	
Driver License: <i>(Only complete this section if applying for a driver license.)</i>			
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 _____			

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		

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.