



LICENSE OR PERMIT DATA RECORD

Note: This form is for use by the Motor Vehicle Division (MVD) to document first-time New Mexico drivers' license applications and testing and for processing renewals of out-of-state military drivers' licenses.

| Type of Transaction | | | | | | | | | | |
|--|------------|------------|---|--------|---|---|-----------------------|-------|-----|----|
| <input type="checkbox"/> First-time license/provisional | | | <input type="checkbox"/> Learner's permit | | | <input type="checkbox"/> Out-of-state applicant | | | | |
| A. Applicant Information | | | | | | | | | | |
| Applicant name | | | Telephone number | | Social Security Number | | Email address | | | |
| Residence address | | | | | Mailing address (if different) | | | | | |
| City, State ZIP | | | | | City, State ZIP | | | | | |
| Date of birth | Sex | Eye color | Height | Weight | Driver license or ID number | | | State | | |
| B. Applicant Must Answer All Questions Below | | | | | | | | | Yes | No |
| 1. Are you currently licensed? If yes, where: If no, have you ever been licensed? Where: | | | | | | | | | | |
| 2. If under 18 years old, have you ever been convicted, cited or have a pending traffic violation? If yes, when and where. | | | | | | | | | | |
| 3. Has your license ever been suspended, revoked or refused? If yes, why? If reinstated, When? | | | | | | | | | | |
| 4. Do you now have heart trouble, epilepsy, diabetes, paralysis, dizzy spells, seizures, convulsions, lapses of consciousness, or addiction to narcotic drugs or intoxicating liquor? If yes, a completed medical form will be required. | | | | | | | | | | |
| 5. Do you now have any other physical or mental problem or disability which may impair your ability to safely operate a motor vehicle? If yes, a completed medical form will be required. | | | | | | | | | | |
| 6. Have you ever been convicted of driving under the influence of intoxicating liquor or drugs in New Mexico or any other jurisdiction? If yes, where: Date: | | | | | | | | | | |
| 7. Have you failed to appear in court or failed to pay a penalty for any traffic citation? If yes, where: Date: | | | | | | | | | | |
| 8. Do you wish to be an Organ Donor? If yes, complete the Organ Donation Statement below. | | | | | | | | | | |
| _____ | | | | | _____ | | | | | |
| Applicant Signature | | | | | Date | | | | | |
| C. Organ Donor Statement | | | | | | | | | | |
| I, _____, (printed name) hereby make an anatomical gift effective upon my death. A medical evaluation at the time of my death shall determine the organs and tissues suitable for donation. | | | | | | | | | | |
| _____ | | | | | _____ | | | | | |
| Signature of Donor and Date | | | | | Signature of Parent or Guardian (if Donor is under 15) and Date | | | | | |
| Examiner Information – MVD Use Only | | | | | | | | | | |
| Type of license (D, M, P or V) | | | Endorsements | | | Restrictions | | | | |
| Vision Exam | | | | | Written & Road Test | | | | | |
| without glasses | | | with glasses | | Written test score | | Motorcycle test score | | | |
| Right 20/ _____ | | | Right 20/ _____ | | | | | | | |
| Left 20/ _____ | | | Left 20/ _____ | | Road score | | Motorcycle road score | | | |
| Both 20/ _____ | | | Both 20/ _____ | | | | | | | |
| Office code | Clerk code | Clerk name | | | Clerk signature | | | Date | | |