

# DIPLOMATIC IDENTIFICATION CARD / DRIVER LICENSE / TAX EXEMPTION CARD APPLICATION

1. Document(s) requested:				
	Replacement	Original	Original	Original
	Renewal	Replacement	Replacement	Replacement
		Renewal	Renewal	Renewal
2. PID#:	3. Principal's PID#		4. Mission Type:	5. Country:
6. Name:				
(Surname)		(First Name)		(Middle Name)
7. Address:				
(Number, Street, Apt./Suite)		(City)	(State)	(Zip Code)
8. Date of Birth: (MM/DD/YYYY)		9. Height: (Feet/Inches)	9a. Eye Color:	10. Sex: (M/F)
11. Duty City/State:		12. Email address:		

**Driver License:** *(Only complete this section if applying for a driver license)*

13. Type of license you are requesting: Regular \_\_\_\_\_ Motorcycle \_\_\_\_\_

14. Do you wear corrective lenses for driving? Yes \_\_\_\_\_ No \_\_\_\_\_

15. 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.

16. Do you possess a valid non-U.S. driver license? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, indicate: Country \_\_\_\_\_ Expiration date: \_\_\_/\_\_\_/\_\_\_  
License # \_\_\_\_\_ (attach a legible photocopy of both sides of your non-U.S. license to this application).

17. Do you possess a valid U.S. driver license? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, indicate: State \_\_\_\_\_ Expiration date: \_\_\_/\_\_\_/\_\_\_  
License # \_\_\_\_\_ (attach a legible photocopy of both sides of your U.S. license to this application).

18. Has your U.S. license or privilege to operate a motor vehicle been suspended, revoked, canceled, or refused by any state or by any jurisdiction within the United States? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give: Date \_\_\_\_\_ State \_\_\_\_\_

**Affix mission seal here:**

\_\_\_\_\_  
Signature of Certifying Official

\_\_\_\_\_  
Title of Certifying Official

\_\_\_\_\_  
Date (mm-dd-yyyy)

<b>B. Sign in area below.</b>
<b>USE BLACK INK ONLY</b>