





**DRIVER LICENSE INFORMATION**

**To Make an Appointment** — Save Time, make an appointment online at [www.dmv.ca.gov](http://www.dmv.ca.gov) or call 1-800-777-0133.

**Written Test** — If you are required to take a written test you will be tested on the rules and laws of the road. To prepare yourself, prior to your visit, you should read the "Driver's Handbook," available on line at [www.dmv.ca.gov](http://www.dmv.ca.gov) and at any DMV office.

**Drive Test** — If you are required to take a drive test, you will need to make an appointment. If you are required to take both a written and drive test, you must pass the written test before you can make an appointment for the drive test.

**Fees** — Renewal and reissue fees are payable by cash or check only at your local DMV office. (Checks should be payable to DMV).

**MEDICAL INFORMATION**

**Health** — DMV must be notified if, within the last three years, you have; experienced a loss of consciousness; or had any episode of marked confusion caused by any condition which may bring about recurring lapses, had any disease, disorder, or disability which affects your ability to drive safely. Examples of the above are: epilepsy, diabetes, stroke, drug or alcohol addiction.

**Vision** — Vision changes since your last renewal must be reported to DMV. Examples are: cataracts, diabetic retinopathy, glaucoma, macular degeneration.

**ORGAN AND TISSUE DONOR CONSENT STATEMENT**

If, on the front of this form, you marked "Yes" to register as an organ and tissue donor you are legally authorizing the recovery of organs and tissues in the event of your death. Registering as a donor will not affect your medical treatment in any way. As outlined in the California Anatomical Gift Act, your authorization is legally binding and, unless the donor is under 18 years of age, your decision does not require the consent of any other person. For registered donors under 18 years of age, the legal guardian shall make the final decision. You may limit your donation to specific organs or tissues, place usage restrictions, for example transplantation or research, obtain more information about donation, or remove your name from the registry on the Internet Web site of Donate Life California: [www.donateLIFCalifornia.org](http://www.donateLIFCalifornia.org).

**CERTIFICATIONS**

- I agree to submit to a chemical test of my blood, breath, or urine for the purpose of determining the alcohol or drug content of my blood when testing is requested by a peace officer acting in accordance with Vehicle Code §23137 or §23157.
- I am hereby advised that being under the influence of alcohol or drugs, or both, impairs the ability to safely operate a motor vehicle. Therefore, it is extremely dangerous to human life to drive while under the influence of alcohol or drugs, or both. If I drive while under the influence of alcohol or drugs, or both, and as a result, a person is killed, I can be charged with murder.
- Signing this application tells DMV that you were notified that if you are under 21 years of age, you cannot legally drive with a blood alcohol concentration (BAC) of 0.01% or more. Driving with a BAC of 0.01% or more, or refusing to take, or failing to complete an alcohol screening or drug test, results in a one-year suspension of your driving privilege.
- By signing this application, I certify that I was notified that if I am currently on court probation for a driving under the influence offense, I cannot legally drive with a blood alcohol concentration (BAC) of .01% or more. Driving with a BAC of .01% or more results in a one-year suspension of my driving privilege. Refusing to take, or failing to complete an alcohol screen or chemical test will result in a two to three year suspension/revocation of my driving privilege.
- I am the person whose name appears on the front of this form. The mailing address shown is valid, existing, and accurate. I agree to accept service of process at this mailing address according to §415.20(b), §415.30(a), and §416.90 of the Civil Procedure Code.
- DMV checks for driving record status in other jurisdiction through the National Driving Registry prior to issuance of a California driver license. You will not be issued a California driver license if another jurisdiction has withdrawn your driving privilege.
- I understand that DMV will add convictions reported by other states' licensing authorities to my driving record which may result in sanctions against my California driving privilege pursuant to the applicable sections of the California Vehicle Code.
- California state law allows the State Board of Equalization and the Franchise Tax Board to share taxpayer information with DMV and requires you to pay a delinquent state tax obligation. Failure to pay this delinquent tax obligation may result in the suspension of your driver license.

**SOCIAL SECURITY NUMBER COLLECTION**

Your social security number will be collected pursuant to 42 U.S.C. 405 and California Vehicle Code §1653.5, §4150, §4150.2, and §12800. It is used in the administration of driver license and motor vehicle registration laws and to respond to requests for information from an agency operating pursuant to 42 U.S.C. 601 et seq. The social security number is used to maintain a numerical identification system to determine eligibility for issuance and renewal of a driver license, identification card, and vehicle registration and title documents; to aid in the collection of monies owed in connection with failure to pay a fine or failure to appear in court by an applicant; and to aid in collection of monies owed by an applicant in connection with Aid to Families with Dependent Children, Child Support, and Establishment of Paternity and Federal Payments for Foster Care and Adoption Assistance programs.

**Collection of your social security number is mandatory. Failure to furnish the information requested will result in DENIAL of an application for issuance or renewal of a driver license or identification card. At this time, your social security number is not requested on vehicle registration or title documents.**

**VOTER REGISTRATION**

"If the voter has not received voter registration information within 30 days of requesting it, they should contact the Local Elections Office or the Office of the Secretary of State."

**CHANGE OF ADDRESS**

To change your **RESIDENCE** address for this transaction only, complete the address information below. To add or change your mailing address (when different from your residence address) or **to change other departmental records**, please contact your local DMV office to **obtain a Notice of Change of Address (DMV 14) form. Please Print In Capital Letters—Use Black or Blue Ink**

DMV USE ONLY  
DO NOT WRITE IN THIS SPACE

- Driver license change of address only.**  
(Will not change voter address or vehicle registration address.)
- Change my voter address.**  
(If you have moved to a new county you must re-register. Complete enclosed post card.)

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	1	2	3	4	5	6	7	8	9	0
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STREET NUMBER	STREET NAME	APARTMENT NUMBER
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CITY - DO NOT ABBREVIATE - USE FIRST 22 CHARACTERS IN CITY NAME	STATE	ZIP CODE
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# California Voter Registration/Pre-registration Application

Use blue or black ink. Do not use red ink. Do not use a new or old ballot. Do not use a ballot from another state. Do not use a ballot from another election. Do not use a ballot from another county. Do not use a ballot from another party preference.



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- 1 I am a U.S. citizen and resident of California.  Yes  No ← If "No" you CANNOT register to vote. Do not complete.
- I am 18 or older.  Yes  No
- I am 16 or 17 and want to pre-register.  Yes  No

Your legal name: First name \_\_\_\_\_ Middle name \_\_\_\_\_

2 Last name (may include suffix, such as Jr., Sr., III) \_\_\_\_\_

3 Home address – not a P.O. Box or business address – (Number, Street, Ave., Drive, etc. Include N, S, E, W) \_\_\_\_\_ Apt or unit # \_\_\_\_\_

4 City \_\_\_\_\_ State **CA** Zip \_\_\_\_\_ California county \_\_\_\_\_

If you do not have a street address, describe where you live including cross streets, Route, N, S, E, W \_\_\_\_\_

7 Mailing address – if different from above, or P.O. Box \_\_\_\_\_

8 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Foreign country \_\_\_\_\_

9 Date of birth \_\_\_\_\_ U.S. state or foreign country of birth \_\_\_\_\_

10 CA driver license or CA ID card # \_\_\_\_\_ If you do not have a CA driver license or CA ID card, list the last 4 numbers of your Social Security Number, if you have one. \* \* \* \* \* SSN (Last 4 numbers) \_\_\_\_\_ Phone numbers are posted at polling places on election day.

11 Email (optional) \_\_\_\_\_ Phone number (optional) \_\_\_\_\_

12 Do you want to choose a political party preference?  
Yes, my political party preference is (check one):  
 American Independent Party  Democratic Party  Green Party  
 Libertarian Party  Peace and Freedom Party  Republican Party  
 Other (specify): \_\_\_\_\_  
 No, I do not want to choose a political party preference.  
(If you choose no, you may not be able to vote for some parties' candidates at a primary election for U.S. President or party committee.)

13 I want to get my ballot by mail before each election.\* Initial here: \_\_\_\_\_ \*If initialed, you will get your ballot by mail before each election. If you want to vote in person, you must turn in your ballot or vote a provisional ballot.

14 If you were registered/pre-registered to vote before, fill out below:  
First name \_\_\_\_\_ Middle initial \_\_\_\_\_ Last name \_\_\_\_\_

Previous address where you were registered/pre-registered \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Previous county \_\_\_\_\_ Previous political party preference (if any) \_\_\_\_\_

70 MM 118562 200001

15 Read and sign below.  
I am a U.S. citizen and am at least 16 years old. I am not currently imprisoned or on parole for the conviction of a felony. I am not prohibited from voting by a court because of mental incompetency. I understand that it is a crime to intentionally provide incorrect information on this form. I declare under penalty of perjury under the laws of the State of California that the information on this form is true and correct.

Optional  
A.  I want to be a poll worker.  
(If bilingual, indicate language: \_\_\_\_\_)  
 I can provide a polling place.  
B. My ethnicity/race is: \_\_\_\_\_  
C. My language preference for receiving election materials is:  
 English  Spanish  Chinese  Vietnamese  Korean  
Español 中文 Việt ngữ 한국어  
 Tagalog  Japanese  Hindi  Khmer  Thai  
日本語 हिंदी ไทย ไทย

Signature \_\_\_\_\_ Date Signed: Month / Day / Year \_\_\_\_\_

Did someone help you fill out or deliver this form?  
If yes, the person who helped you must fill out and sign both parts of this green box.

Signature \_\_\_\_\_ Month / Day / Year \_\_\_\_\_  
Name, address, and tel.: \_\_\_\_\_  
Org. name and tel. (if any): \_\_\_\_\_

Important! To vote in the next election, you must be at least 18 on Election Day and mail or deliver this card at least 15 days before the next election. New voters who register by mail may have to show their ID at the polling place the first time they vote.

70 MM 118562 (This part is the voter's receipt.)

Signature \_\_\_\_\_ Month / Day / Year \_\_\_\_\_  
Name, address, and tel.: \_\_\_\_\_  
Org. name and tel. (if any): \_\_\_\_\_

• As a registered voter, you may vote for any candidate for state or congressional office, regardless of the party preference or lack of party preference chosen by you or the candidate. • If you are pre-registering to vote, you will automatically be a registered voter once you turn 18.

TAPE HERE

The law protects your right to privacy. Information against commercial use. Report any problems to the Secretary of State's Voter Hotline: (800) 345-8683.

TAPE HERE

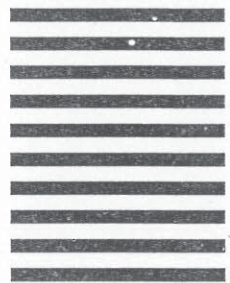


NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

**BUSINESS REPLY MAIL**  
FIRST-CLASS MAIL PERMIT NO. 85814 SACRAMENTO CA

POSTAGE WILL BE PAID BY ADDRESSEE

ALEX PADILLA  
SECRETARY OF STATE  
ELECTIONS DIVISION  
PO BOX 4045  
SACRAMENTO CA 95812-9925



## California Voter Registration Application

- ✓ If you do not wish to register to vote, your decision will remain confidential and will be used only for voter registration purposes.
- ✓ If you wish to register to vote, the office where you registered will remain confidential and will be used only for voter registration purposes.

### Want to vote by mail for the next election?

Your county elections office must receive your written request at least **7 days** before the election.

#### Safe at Home

*If sharing your address could put you in life-threatening danger, you may be eligible to register to vote confidentially. For more information, contact the **Safe at Home** program.*

☎ Call: (877) 322-5227

🌐 Website: [www.sos.ca.gov/registries/safe-home](http://www.sos.ca.gov/registries/safe-home)



RegisterToVote.ca.gov

The Secretary of State and *some* counties have information in other languages.

Go to: [www.sos.ca.gov](http://www.sos.ca.gov), or call:

- 📞 Español: (800) 232-VOTA (8682)
- 📞 中文: (800) 339-2857
- 📞 Việt ngữ: (800) 339-8163
- 📞 한국어: (866) 575-1558
- 📞 Tagalog: (800) 339-2957
- 📞 日本語: (800) 339-2865
- 📞 हिंदी: (888) 345-2692
- 📞 ལྷོ་ཡི་སྐད་: (888) 345-4917
- 📞 ไทย: (855) 345-3933

## Questions, problems, or to report fraud:

Contact the Secretary of State.

☎ Call: (800) 345-VOTE (8683)

✉ Email: [elections@sos.ca.gov](mailto:elections@sos.ca.gov)

🌐 Website: [www.sos.ca.gov](http://www.sos.ca.gov) or [registertovote.ca.gov](http://registertovote.ca.gov)

Or contact your county elections office.



Tear here.

The bottom part is your receipt.

Keep it until you receive a Voter Notification Card in the mail.

