



State of New Hampshire Department of Safety  
Division of Motor Vehicles



**APPLICATION FOR DRIVER LICENSE OR NON-DRIVER ID CARD**

PLEASE PRINT CLEARLY IN BLUE OR BLACK INK

**I AM APPLYING FOR** Opt-in Real ID  Yes  No

Original License/NH license in exchange for a license from another US State, the District of Columbia or Canadian Province or a US Territory  
 Renewal  
 Limited Privilege License  
 Non – Driver ID Card  
 Replacement Reason: \_\_\_\_\_  
 Motorcycle Endorsement (includes 3 Wheel and motor driven cycle)

Are you a United States Citizen?  YES  NO  
 Are you a New Hampshire Resident?  YES  NO  
 Do you have, or did you ever have a New Hampshire driver license or non-driver ID card?  YES  NO  
 Do you have or did you ever have a driver license that is valid or that expired within the past twelve months issued by another US State, the District of Columbia or a Canadian Province?  YES  NO  
 If "YES", where was it issued?: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_  
 Type of License: \_\_\_\_\_ License ID No.: \_\_\_\_\_

**IDENTIFICATION INFORMATION**  PLEASE CHECK BOX IF MAILING AND LEGAL ADDRESS ARE THE SAME

FIRST NAME (REQUIRED) MIDDLE (REQUIRED) LAST NAME (REQUIRED) SUFFIX (Sr, Jr, etc.)  
 \_\_\_\_\_

ADDRESS WHERE YOU GET YOUR MAIL (REQUIRED)  
 STREET APT. # CITY OR TOWN STATE ZIP CODE

LEGAL ADDRESS (ADDRESS WHERE YOU LIVE) (REQUIRED)  
 STREET APT. # CITY OR TOWN STATE ZIP CODE

(ALL ARE REQUIRED)  
 DATE OF BIRTH GENDER HEIGHT WEIGHT EYE COLOR HAIR COLOR  
 MONTH DAY YEAR MALE FEMALE OTHER FEET INCHES POUNDS

(REQUIRED IF FIRST OR ORIGINAL NH DRIVER LICENSE OR REAL ID)  
 SOCIAL SECURITY INFORMATION TELEPHONE NUMBER (OPTIONAL) E-MAIL ADDRESS (OPTIONAL)  
 \_\_\_\_\_ ( ) - \_\_\_\_\_

**OPTIONAL** (CHECK ANY THAT APPLY)

I wish to add the Veteran Indicator (Additional documents required)  
 I wish to have my social security number removed from DMV Records, pursuant to RSA 263:40-a (Does not apply to REAL ID)  
 I do not wish to have my photograph retained in the records of the Department of Safety (RSA 260:14) (Does not apply to REAL ID)  
 I wish to have my legal address appear on the back of my driver license or ID card. (Required on REAL ID)  
 I am 18 years old and consent to registration with the Selective Service System as required by Federal Law (RSA 263:5-c) (Only for males age 18 – 25)

**CHECK HERE TO SAVE A LIFE**  
 By checking this box, you consent to Organ & Tissue Donation pursuant to RSA 263:41 and RSA 291-A. Donation information will be provided to federally-designated organizations so that your decision to donate may be honored. Revocation, suspension, expiration, or cancellation of a driver's license or identification card upon which an anatomical gift is indicated does not invalidate the gift. You may revoke your gift on the DSMV 30 (rev. 6/23) or may otherwise revoke or amend your gift in accordance with RSA 291-A:6.

**SIGN HERE** \_\_\_\_\_ **DATE** \_\_\_\_\_

By signing above, I certify that I have paid all resident taxes or Interest and Dividends Tax (RSA 77) for which I am liable, and, if required, insurance certificates are on file with the Director of Motor Vehicles. My driving privileges are not subject to or under disqualification, suspension or revocation by any jurisdiction (does not apply to non-driver ID). This application is signed under penalty of unsworn falsification pursuant to RSA 641:3.

**FEE SCHEDULE** Make checks payable to: State of NH - DMV

LICENSE TYPE	ORIGINAL	RENEWAL	LICENSE TYPE	ORIGINAL	RENEWAL
Operator or Limited Privilege	\$50.00	\$50.00	Motorcycle Only	\$55.00	\$55.00
Non-Driver Identification	\$10.00	\$10.00	Motorcycle Endorsement	\$30.00	\$ 5.00
Operator/Motorcycle	\$80.00	\$55.00	Motor Driven Cycle	\$55.00	\$55.00
REAL ID	\$60.00	\$60.00	Moped	\$ 8.00	\$ 8.00

**DMV USE ONLY** Vision Test  With CL  Without CL DSMV450 (Revised 06/23)

Payment Method:  CASH  CHECK  CREDIT CARD  MONEY ORDER