



**Application for Maryland Identification Card**  
**Please read and complete both sides.**

Please do not write in the shaded areas.  
New Soundex  
Old Soundex

**Application for Identification Card: (Please check applicable box.)**

- Transaction:  
 Original  Duplicate  Correction  Renewal  Legally Blind  65 years or older  
 Handicapped (See reverse side.)
- Reason for Duplicate:  
 Lost  Stolen  Mutilated  Frontal Photo
- Reason for Correction:  Remove Organ Donor Designation  
 Error  Divorce  Marriage  Other  Reassume Birth Name or Other Former Name (See instructions below.)  
 Court Order (If your name was changed by Court Order, attach a copy of that Order.)

If name changed, give former name:

\_\_\_\_\_  
 First Middle Last

**Instructions to reassume birth name or former name:** An individual may reassume a name previously used provided the name is used openly, consistently, and without fraudulent intent. To reassume a previous name, you must bring an original or true test copy of the birth certificate or marriage license and one other form of identification. For example, social security card, voter registration card, bank statement, etc.

\_\_\_\_\_  
 Social Security Number (Social Security Number will be used only for driver licensing & registration purposes.)

\_\_\_\_\_  
 First Name Middle Name Last Name

\*Residence Address - Street Address or R.F.D. and Box No.

\_\_\_\_\_  
 City/Town State County Zip Code

\*The use of a Post Office Box or private mail drop is not permitted. A P.O. Box may be listed after a residence address, if the P.O. Box is in the same city and zip code.

\_\_\_\_\_  
 Restriction Height Weight Sex Race Date of Birth (M/D/Y)

- Are you of Hispanic or Latino origin?  Yes  No  
 Are you...?  (1) Black or African American  (2) White  (3) Asian  (3) Native Hawaiian or Other Pacific  
 Islander  (4) American Indian or Alaska Native

NOTE: (5) Multiracial applicants may check all boxes which apply.

**Please check if, upon your death, you desire to help others by becoming an organ donor.**  Yes  No

**Certification**

**I certify, under penalty of perjury, that the statements made on this application are true and correct to the best of my knowledge, information and belief.**

\_\_\_\_\_  
 Signature of Applicant Date

\_\_\_\_\_  
 Employer Name Telephone Number

\_\_\_\_\_  
 Employer's Address Date



Register to vote with your driver's license application. Ask a customer service representative for details.



**Co-Signature of Parent, Guardian, or responsible adult required when applicant is under 18 years of age.**  
 I certify, under Penalty of Perjury, that the statements made on this application are true and correct to the best of my knowledge, information and belief. My relationship to the applicant is that of:

Parent    Guardian    Spouse    Employer    Or, a Responsible Adult (if not parent, documentation is required)

Signature of Co-Signer \_\_\_\_\_ Soundex # \_\_\_\_\_

Printed Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City/Town \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Maryland law requires you as a co-signer to notify the MVA within 30 days of changing your mailing address. The requirement remains in effect until the minor becomes 18 years of age. Be sure to include the above minor's full name on your change of address request.

**Section 12-301, Maryland Vehicle Law, provides for the issuance of an identification card under the following conditions:**

1. Applicant must be a Maryland resident.
2. Applicant must not possess a valid driver's license or moped permit.
3. Applicant must apply in person, submit proof of name, age, identity, and residence satisfactory to the Motor Vehicle Administration.
4. A Maryland Identification Card is not a license to drive.
5. A fee is not required if the applicant for the card:
  - a. Is 65 years old or older;
  - b. Is legally blind;
  - c. Has permanently lost the use of a leg or an arm;
  - d. Is permanently disabled so severely that the applicant cannot move without the aid of crutches or a wheelchair; or
  - e. Has a physical or mental impairment that substantially limits a "major life activity" as defined in the federal Americans with Disabilities Act.
6. No fee required for donor designation changes.
7. Congress has authorized the use of the Social Security Number for all driver license and registration purposes. Your Social Security Number is used for identification purposes only. You are not required to complete that section of this application.

CSEA Case #: \_\_\_\_\_ **MVA Use Only (Do Not Write in Shaded Area)**

CSEA Clearance Received  Yes  No

Employment Certification Received  Yes  No

CK	C	CR	CC
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