TWIN FALLS DRIVERS LICENSE OFFICE
260 4th Ave. N., Twin Falls, Idaho 83301
Phone 733-7610 ext. 19

BUHL DRIVERS LICENSE OFFICE
201 Broadway Ave. N, Buhl, Idaho 83316
Phone 543-8023 CLOSED FRIDAYS

APPLICANT INFORMATION – Please fill out to the best of your ability.

Fee: ***$21.50***

Appling For: ***PROFESSIONAL*** ***Driving School***

Includes: ***$6.50*** State Skills Test Fee

Legal First Name (Print in Full)	Legal Middle Name (Print in Full)	Legal Last Name – Print in Full)

Street Address – Where you reside	Apt#	City or Town	State	Zip Code

Mailing Address – Where you receive your mail	Apt#	City or Town	State	Zip Code

Social Security Number	Date of Birth	Place of Birth	Telephone Number Home: Cell:

Sex	Height Ft. In.	Weight (lbs)	Hair Color	Eye Color	Do you wear Contacts?	Do you have them in today?

Do you read and understand the English Language? Yes or No Do you need a Translator? Yes or No

If you have brought your Translator with you , please list their full name:

Have you ever been licensed as driver? (please circle)
No or Yes, if so where?

Have you ever had a State issued identification card? (please circle)
No or Yes, if so where?

Have you ever gone by any other name(s) such as maiden name, married name, stepparents name, nick name?

No or Yes, Please list:

How long have you lived in Idaho? Years Months	What other States have you lived in?

Are you being treated for anything at this time, including but not limited to; epilepsy, seizures, crippling arthritis, Parkinson's, heart trouble, lupus, insulin-dependent diabetes, Alzheimer's, strokes, multiple sclerosis…or…ANY MEDICATIONS OR CONDITION THAT MAY EFFECT DRIVING OR REACTION TIME?

_____No _____Yes (provide condition)_____

*Applicant's Signature:*_____ *Date:*_____

Parent/Guardian/Other: Printed Name_____

*Signature*_____ *Date:*_____

Relationship: Mother___ Father___ **Guardian___ **Other___ (**Specify and show documents for either)

FOR EXAMINER

Visual Acuity Tests:	Without Glasses	With Glasses	With Contact Lenses
Left Eye	20/	20/	20/
Right Eye	20/	20/	20/

The following items will be needed before any further issue:

Initials: X_____

Date: _____ Examiner: _____ 2T Memo:_____