

TWIN FALLS DRIVERS LICENSE OFFICE

630 Addison Ave W., Twin Falls, Idaho 83301

Phone 208-735-4850

BUHL DRIVERS LICENSE OFFICE

330 Broadway Ave. N, Buhl, Idaho 83316

Phone 208-543-8023

APPLICANT INFORMATION – Please fill out to the best of your ability.**AUTHORIZATION TO TAKE DRIVER TRAINING WITH** _____ **PROFESSIONAL DRIVING SCHOOL** Fee: \$21.50

Legal First Name (Print in Full)	Legal Middle Name (Print in Full)	Legal Last Name – Print in Full)
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Street Address – Where you reside	Apt#	City or Town	State	Zip Code
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Mailing Address – Where you receive your mail	Apt#	City or Town	State	Zip Code
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Social Security Number	Date of Birth	Place of Birth	Telephone Number Home: Cell:
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Sex	Height Ft. In.	Weight (lbs)	Hair Color	Eye Color	Do you wear Contacts?	Do you have them in today?
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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? What other States have you lived in?

Years Months

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/	20/
Right Eye 20/	20/	20/	20/

The following items will be needed before any further issue: _____
Initials: X _____

Date: _____ Examiner: _____ 2T Memo: _____