

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**

140 HANSEN ST. E., STE. 6

TWIN FALLS, ID 83301

Fee \$26.50

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 our 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 AFFECT 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:

Examiner: _____

Date: _____