

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: \$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 your Translator with you, please list their full name: | | | | | | | |
| Have you ever been licensed as driver? (please circle) | | | | No <u>or</u> Yes, if so where? | | | |
| Have you ever had a State issued identification card? (please circle) | | | | No <u>or</u> Yes, if so where? | | | |
| Have you ever gone by any other name(s) such as maiden name, married name, stepparents name, nick name? No <u>or</u> 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/ | 20/ | 20/ |
| Right Eye | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ |

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

Date: _____ Examiner: _____ 2T Memo: _____