

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.**PROFESSIONAL DRIVING SCHOOL****AUTHORIZATION TO TAKE DRIVER TRAINING WITH**304 2nd Ave. E
TWIN FALLS, ID 83301

Fee \$21.50

 **208-734-0586**

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
Mailing Address — Where you receive your mail		Apt#	City or Town		State
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:	Left Eye	20/	Without Glasses	20/	With Glasses	20/	With Contact Lenses	20/
	Right Eye	20/		20/		20/		20/
The following items will be needed before any further issue:								
Examiner: _____					Date: _____			