

State of Arkansas **Department of Finance** and Administration



Driver Services Driver's License Issuance

Ragland Building Post Office Box 1272 Little Rock, AR 72203-1272 Phone: (501) 682-7059 Fax: (501) 682-7934 www.dfa.arkansas.gov

MAIL APPLICATION AND PAYMENT TO:

Department of Finance And Administration

Drivers License Issuance

Room 2080

PO Box 1272 Little Rock. AR

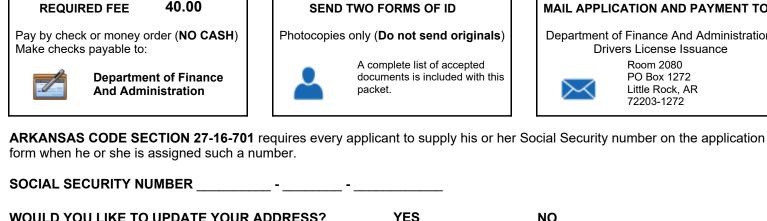
72203-1272

OTHER

Active Duty Military Renew By Mail

COMPLETE THE ENCLOSED APPLICATION AND SIGN THE OATH.

Incomplete applications will be denied.



NO YES WOULD YOU LIKE TO UPDATE YOUR ADDRESS? APT/UNIT STREET _____ _____ STATE _____ ZIP _____ CITY An out of state address will only be approved for military applicants and their dependents.

DO YOU WANT TO BE AN ORGAN DONOR?	YES	NO	

REASON FOR VALID WITHOUT PHOTOGRAPH (if applicable) NAME OF RELIGION

Sincerely,

Angela Parks, Manager **Driver's License Issuance** Phone: (501) 682-7059 Email:Angela.Parks@dfa.arkansas.gov



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ARKANSAS CODE SECTION 27-16-704 requires all persons renewing their driver's license to pass a vision examination. The results must be marked on the application. One mark each will be made for visual acuity and field of vision. Failure to pass the vision exam or an incorrect/incomplete vision form will result in denial of your application.

VISION TEST REQUIRED (RENEWAL ONLY)

This section must be completed by an eye care professional

Arkansas statute 27-16-704 requires applicants for an Arkansas driver's license to have a minimal uncorrected visual acuity of 20/40 for an unrestricted license or 20/70 for a restricted license. The applicant's field of vision must be at least 140° with two functional eyes, or 105° with one functional eye.

VISUAL AC	CUITY (Select One)			FIELD	OF VISION (Select One)
20/5	0 Uncorrected 0 Corrected 70 Corrected	CDL Holders must be correctable to 20/50 for a Commercial Driver's License.			140° minimum (Two eyes) 105° minimum (One eye)
Examiner's Na	ame		Titl	e	Exam Date
Address			Cit	y/State	ZIP
Signature of E	Eye Care Profession	al			

This packet will be valid for 31 days from the date requested.

This is to certify that all information on this application is true and correct and that my driving privilege is not suspended or revoked in this state or any other state, nor do I hold a driver's license from any state other than Arkansas.

If applicant is under the age of 18, the signature of a parent or guardian is required and such signee assumes full financial responsibility for applicant when applicant is operating a motor vehicle, as required by Arkansas Code Annotated § 27-16-702.

Applicant Signature		Date	
Parent Signature		Date	
im001	You can skip the trip to the DMV by completing many driver and motor vehicle services online at mydmv.arkansas.gov.		



DEPARTMENT OF FINANCE AND ADMINISTRATION Office of Driver Services Documents Required for Issuance of Driver's License or Identification Card

Issuance of a driver's license or identification card in the State of Arkansas will cancel any driver's license or identification card issued in another state.

<u>General Requirements-</u> Applicants that request a change in name, date of birth or social security number must provide documents to link the change from the previous information to the new information. Documents printed from an online account may be accepted. A post office box or business address will not be accepted. Birth cards or hospital birth certificates will not be accepted. Proof of legal presence for U.S. Citizen's and Non-U.S. Citizen's must be original or a certified document. <u>Residency Documents:</u> Children may use residency documents of their parents accompanied with their birth certificate. Husband/wife may use residency documents of their spouse accompanied with their marriage certificate.

Proof of Legal Presence for US Citizen	Social Security Number	
Bring ONE of the following: □ U.S. Passport/U.S. Passport Card □ U.S. Birth Certificate □ Certificate of Birth Abroad- FS-240/ FS-545 □ Certificate of Naturalization- N-550/ N-570 □ Certificate of Citizenship- N-560/ N-561	Bring ONE of the following: □ Social Security Card □ W-2 Tax Form □ 1099 Tax Form □ Pay Stub with Name and Full SSN □ DD214 If Proof of Social Security document shows residential address, it may count as 1 residency document.	
Proof of Legal Presence- Non-US Citizen Bring ONE of the following: Foreign Passport with Valid U.S. VISA and I-94	Name Change-If Applicable Court Order U.S. Birth Certificate DHS Immigrant Document U.S. Passport	
□ Valid Permanent Resident/ Resident Alien Card-I-551 □ Valid Employment Authorization- I-766	□ Divorce Decree(s) □ Adoption Documents □ Social Security Card □ Marriage Certificate(s)	
Proof of Identity	Proof of AR Residency-Required for REAL ID	
Bring ONE of the following: Current DL/ID School Identification Card Court Order Tax Return dated within one year Marriage Certificate or License Military ID/ Military Dependent Armed Forces Discharge Papers (DD214, DD2, DD256, DD257, NGB Form 22, Veteran ID) Certified School Record or Transcript/Home School Notice of Intent Form Prison Release Document, Sentencing Order or Booking Order with Photo Bureau of Indian Affairs Card/Indian Treaty Card Parent Affidavit (Parent/guardian must appear and prove their identity regarding minor's identity) Pilot's License Federal or State Government issued ID Pension or Retirement Statement Hunting/Fishing License Arkansas Title or Vehicle Registration Concealed Handgun License If Proof of Identity document shows residential address, it may count as 1 residency document.	Bring TWO of the following dated within 6 months unless otherwise specified: Utility Bill- Gas, Water or Electric Current Lease, Rental Agreement or Mortgage Statemen Bank Statement Telephone, Cable or Internet Bill Current Health, Automobile or Homeowners Insurance State or Federal tax return that is less than one year old Voter Registration that is less than four years old Personal Property Tax Receipt or Assessment Pay slip or salary statement with employer name Tuition invoice/official mail from college or university/School record or transcript Homeless shelter agreement Medical or dental bill On a formal letterhead, a letter from a bank manager, medical practitioner, accountant, attorney or employer on company letterhead that states that he or she has known the applicant for three (3) years and that confirms the applicant physical residential address	