



**NORTH CAROLINA DIVISION OF MOTOR VEHICLES
TEMPORARY DRIVER LICENSE REQUIREMENTS AND INSTRUCTIONS
FOR COMPLETING THE “RENEWAL/ORIGINAL” DRIVER LICENSE
APPLICATION (Rev. 02/2011)**

In accordance with the General Statutes of North Carolina, the “Division may renew by mail a drivers license issued by the Division to a person who meets any of the following descriptions”:

- (1) Is serving on active duty in the armed forces of the United States and is stationed outside this State.
- (2) Is a resident of this State and has been residing outside the State for at least 30 continuous days.

PLEASE FOLLOW ALL INSTRUCTIONS

1. Complete the application in its entirety. (Please Print, Date and Sign each page)
2. Military personnel and Department of Defense personnel must submit either Military or Department of Defense credentials along with this application. Documents presented must be legible with no appearance of alterations.
 - Current military orders
 - Current military Identification Card (copy of front and back)
 - Current Department of Defense orders
 - Current Department of Defense employment credentials
3. The cost of the license must accompany this application
4. **DO NOT SEND CASH.** Send check or money order made out to NCDMV, will not accept a starter check.
5. You must provide a permanent North Carolina address
6. You must provide a temporary out-of-state residence address
7. You must provide a temporary out-of-state mailing address
8. If you wish to change your name, you must appear before a North Carolina License Examiner
9. The vision statement must be completed and signed by a Vision Specialist or a Driver License Examiner in the State in which you temporarily reside
10. The vision scores must be acceptable numeric, readable acuity
11. This application must be completed and returned within 60 days or additional fees may apply
12. Sex Offender Affidavit must be dated and signed to complete processing
13. **ALL PAGES** of returned application must be originals, dated and signed to complete Out of State Renewal processing

North Carolina Law G.S. 20-30(5). To use a false or fictitious name or give a false or fictitious address in any application for a driver’s license or learner’s permit, or any renewal or duplicate thereof, or knowingly to make a false statement or knowingly conceal a material fact or otherwise commit a fraud in any such application, or for any person to procure, or knowingly permit or allow another to commit any of the foregoing acts. Any license or learner’s permit procured as aforesaid shall be void from the issuance thereof, and any moneys paid therefore shall be forfeited to the State.

WARNING: *The use of false or fictitious information in any application for a license or learner permit is a felony violation of state law and may be a violation of federal postal law.*



**NORTH CAROLINA DIVISION OF MOTOR VEHICLES TEMPORARY
DRIVER LICENSE
RENEWAL/ORIGINAL APPLICATION (DL-15B REV. 02/11)**

All portions of this application must be completed and returned within 60 days.
This application will not be processed if received without the cost of the license.

Application Date:		Cost:
Full Name:		
Date of Birth:		
North Carolina License Number:		
Social Security No: (Last 4 Digits)		
Contact Phone:		
Email Address:		
Active Duty Personnel: Yes/No Reserves Personnel: Yes/No Department of Defense: Yes/No		
Branch of Service:		Military/DOD Orders Attached: Yes/No
Military/DOD Dependant: Yes/No Military/DOD Spouse: Yes/No Civilian Non-Military: Yes/No		
TDY Country/Jurisdiction of Location:		
Permanent North Carolina Residence Address: (Required)		
Out of State Residence Address: (Required)		
Out of State Mailing Address: (Required)		

1. If you are active duty military, military dependent, military spouse, Reserves or DOD, military orders and military ID must be included with the return of this application before processing can be completed.
2. Do you currently have a motorcycle endorsement on your driver license? Yes/No
3. The cost of a motorcycle endorsement is \$1.75 for each year remaining on your license.
4. Would you like to retain this endorsement? Yes/No

Signature: _____ **Date:** _____

Must be dated, signed and returned with application

CERTIFICATE OF EXAMINATION BY VISION SPECIALIST

NAME: _____

CUSTOMER NUMBER: _____ DOB: _____

I hereby authorize Dr. _____ to give any examination deemed necessary for the purpose of determining my visual fitness to operate a motor vehicle. I also authorize any other physicians who attended me, or any hospital or clinic in which I have been examined or treated, to give the Division of Motor Vehicles or its representative any information they may request concerning my condition. I understand this authorizes the Division's panel of physicians to review my case.

Signature of Applicant _____

Parent or Guardian if Minor _____

NOTE VISION SPECIALIST ALL QUESTIONS MUST BE ANSWERED

1. Diagnosis? _____

2. Progressive condition? Yes No

3. Visual acuity	BOTH EYES TOGETHER	RIGHT EYE ONLY	LEFT EYE ONLY
W/Best Correction	20/ _____	20/ _____	20/ _____
WO/Best Correction	20/ _____	20/ _____	20/ _____

4. Field of Vision (degrees)

	RIGHT	LEFT
	_____/_____ N T	_____/_____ N T

5. Recommend corrective lenses? Yes No

6. New lenses prescribed? Yes No

Comments: _____

7. In your professional opinion does the patient's visual impairment compromise their ability to operate a motor vehicle safely? Yes No

8. Recommend any other restrictions? None Daylight driving only 45MPH, No interstate
 _____ Miles from home Other: _____

9. Biotopic lens prescribed? Yes No

10. Recommend DMV follow-up? Yes No

This certificate is presented to authorize your professional evaluation of a visual impairment. Your findings, recorded on this certificate, will make possible a complete evaluation of this person's visual qualifications for safe motor vehicle operation.

Date _____ Signature of Specialist _____

Print Name _____

Street _____

City _____

Telephone _____

DL 231
(02/11)



Sex Offender Affidavit

REGISTRATION REQUIREMENT FOR CERTAIN OFFENDERS

I acknowledge that the Division of Motor Vehicles has notified me that, pursuant to N.C. General Statute § 14-208.7, any person who has been convicted in any state of an offense against a minor or a sexually violent offense as defined in N.C. General Statute § 14-208.6 is required to register with the sheriff of the county where the person resides within 10 days of establishing residence in this state, or whenever the person has been present in this state for 15 days, whichever comes first.

Any person convicted of any of the above-referenced offenses must report to the Sheriff in their county of residence for a specific determination as to their requirement to register.

I certify, under penalty of perjury, that I understand my requirement to register if I have been convicted of an offense that requires registration as a sex offender.

Date: _____

Print Full Name: _____

Signature of Applicant: _____

Must be dated, signed and returned with application