

TRANSMITTAL FORM

Applicant—Complete Only Sections That Apply

NAME (FIRST, MIDDLE, LAST)		DL or ID NUMBER		SOCIAL SECURITY NUMBER	
ADDRESS	CITY	STATE	ZIP CODE	DAYTIME AND EVENING TELEPHONE NUMBER () ()	

Long Standing Stable Vision Condition Statement	<p>I have a long standing vision condition in my <input type="checkbox"/> right eye only <input type="checkbox"/> left eye only since _____ because of a:</p> <p><input type="checkbox"/> vision disorder: _____</p> <p><input type="checkbox"/> trauma or accident: _____</p> <p>DMV has this information along with documentation from my eye doctor. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, attach the Report of Vision Examination (DL 62).</p> <p><i>I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.</i></p>
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DATE	SIGNATURE X
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Utility Form	<p>Use this section to transmit information.</p>
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I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

DATE	SIGNATURE X
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Limited Term Recommendation	<p>Examiner is recommending <input type="checkbox"/> Issuance <input type="checkbox"/> Extension <input type="checkbox"/> Ending a limited term (L/T) license.</p> <p><input type="checkbox"/> L/T Years Recommendation _____ <input type="checkbox"/> With Corrective Lenses (Code 01)</p> <p>(Key 10 in Attach Field on TEST RESULTS screen)</p> <p>Clearly state the reason for issuing, extending, or ending the limited term DL:</p>
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Medical Exam Report Review Recommendation	<p><input type="checkbox"/> Applicant is disqualified <input type="checkbox"/> The medical report needs further evaluation because:</p>
	<p>(Send to DSAU) Mail Station J234) <input type="checkbox"/> A copy of medical report is attached</p>

DMV Employee Signature	DATE	EMPLOYEE'S PRINTED NAME/SIGNATURE/ID NO.	OFFICE NAME/ID NO.
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