APPLICATION FOR DRIVING PRIVILEGES OR ID CARD

DRIVER LICENSE LT CONVERT INSTRUCTION PERMIT ENDORSEMENT ID CARD AT-RISK
[ ] ORIGINAL [ ] RENEWAL [ ] REPLACEMENT

[ ] CLASS C [ ] CLASS C RESTR’D [ ] INSTRUCTION PERMIT [ ] MOTORCYCLE [ ] MC [ ] MC-3 [ ] FARM [ ] ID CARD [ ] AT-RISK

LAST NAME (PRINT NAME) FIRST NAME MIDDLE NAME SOCIAL SECURITY NUMBER

OREGON DRIVER / ID NUMBER DATE OF BIRTH (M-D-Y) MOTHER’S MAIDEN NAME APPLICANT’S PLACE OF BIRTH (CITY & STATE OR COUNTRY)

RESTRICTIONS Do you want your license or ID card to show that you are an anatomical donor? [ ] YES [ ] NO

HEIGHT WEIGHT SEX (CIRCLE) HAIR COLOR EYE COLOR

FT. IN. LBS. M F

CURRENT OR PREVIOUS MILITARY SERVICE: By checking this box I authorize DMV to send my name and address to the Oregon Department of Veterans’ Affairs (ODVA) for the purpose of receiving benefit information.

NOTE: Voter registration forms are available at the DMV office. If you would like to register to vote today, please ask a DMV clerk.

You are required to report any mental or physical condition or impairment that affects your ability to drive safely. You are not required to report all your health conditions – only those that affect your ability to drive safely. DMV will use your answers to the following questions only for the purpose of determining your eligibility for an Oregon driving privilege. If you have a condition or impairment that makes you unable to safely operate a motor vehicle, you are not eligible for a driving privilege until you have provided additional medical information and/or passed DMV tests. If you answer “Yes” to any one of the questions below, we will not be able to issue you a license at this time.

1) Do you have a vision condition or impairment that has not been corrected by glasses, contacts or surgery that affects your ability to drive safely? [ ] YES [ ] NO

2) Do you have any physical or mental conditions or impairments that affect your ability to drive safely? [ ] YES [ ] NO

3) Do you use alcohol, inhalants, or controlled substances to a degree that affects your ability to drive safely? [ ] YES [ ] NO

By signing this application, I certify that all documentation and information I provided to DMV is true and correct. I understand it is a crime to knowingly make a false statement or present false documentation.

 Signature of applicant’s: mother or father whose parental rights have not been terminated or legal guardian.

I am a resident of or domiciled in Oregon as described in ORS 807.062

IF under 18 years of age: And applying for first driving privilege, applicant meets school enrollment requirements under ORS 807.066 or has a diploma or GED (proof of diploma or GED required).

And applying for first Class C license, applicant has completed driving experience requirements under ORS 807.065(1)(2): 50 hours and Driver Education or 100 hours, or has a valid license from another state.

Signature of applicant’s: mother or father whose parental rights have not been terminated or legal guardian.

SIGNATURE OF APPLICANT: X

SSN: Disclosure of your Social Security number (SSN) is mandatory for issuance, renewal or replacement of your driver license or identification card under ORS 807.021(1).

OUTSTANDING REQUIREMENTS DATE RECEIVED TSR ID

[ ] LP or ADDRESS [ ] REIN. FEE/SR-22 [ ] OTHER:

VISION / HEARING

VISION: OK [ ] OK/W/OPTIC LENSES [ ] RESTRICTION [ ] G RESTRICTION [ ] REFFERED: ACUITY [ ] F.O.V.

HEARING: GOOD [ ] DEAF

TOP - DO NOT WRITE IN THE AREA BELOW - FOR DMV OFFICE USE ONLY

DATE STAMP TEST SCORE TSR ID

DATE STAMP TEST SCORE TSR ID

DATE STAMP TEST SCORE TSR ID

KNOWLEDGE TEST

DATE CLASS SCORE TSR ID

DATE CLASS SCORE TSR ID

DATE CLASS SCORE TSR ID

DRIVE TEST

DOCUMENTS PRESENTED

DOCUMENTS PRESENTED

DOCUMENTS PRESENTED

[ ] US BIRTH CERTIFICATE/PASSPORT/PASSPORT CARD
[ ] US BIRTH CERTIFICATE/PASSPORT/PASSPORT CARD
[ ] US BIRTH CERTIFICATE/PASSPORT/PASSPORT CARD

[ ] FOREIGN PASSPORT & DHS DOC. or ADMIT. STAMP
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[ ] OTHER (Specify) _________
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[ ] LP=C [ ] LP=F [ ] LP=P [ ] LP=U
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DRIVE TEST SCORE SHEET

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<thead>
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<th>COURSE</th>
<th>DATE</th>
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<tr>
<td>PLATE / TEMP.</td>
<td>REPRESENTATIVE</td>
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INSURANCE INFORMATION

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A. Starting
1. Signal.......................................................... 5-10
2. Observation - ahead, side, rear.......................... 5-25

B. Stopping
1. Too suddenly..................................................... 5-10
2. Unnecessary....................................................... 5-15
3. On crosswalks - in intersections......................... 5-10

C. Turning
1. Signal.............................................................. 5-10
2. From wrong lane - one-way, two-way....................... 5-25
3. Into wrong lane - one-way, two-way......................... 5-25
4. Swings wide - cuts corner...................................... 5-20
5. Speed............................................................... 5-20
6. Observation - ahead, side, rear............................ 5-25

D. Lane Use/Change
1. Signal.............................................................. 5-10
2. Observation - ahead, side, rear............................ 5-25
3. Position - right, left, drift.................................... 5-20

E. Signs and Signals
1. Proceeded through - stopped by examiner................ 10-30
2. Rolled through................................................... 5-25
3. Observation....................................................... 5-20
4. Improper maneuver............................................... 5-15

F. Speed
1. Too fast.................................................................. 5-25
2. Too slow.................................................................. 5-25

G. Attention
1. Intersection, RR, driveway.................................... 10-25
2. Other traffic......................................................... 5-25
3. Pedestrians........................................................... 5-25
4. Strays from driving............................................... 5-25
5. Reacts slowly in emergency.................................... 5-25

H. Driving attitude
1. Depends upon others for safety............................... 5-25
2. Too aggressive - inconsiderate............................... 5-25
3. Fails to anticipate.................................................. 5-25

I. Miscellaneous
1. Inexperience, improper vehicle control, traffic.......... 5-25
2. Right-of-way......................................................... 5-30
3. Too close - following, stopping, side...................... 10-25
4. Backing - parking.................................................. 5-25
5. Passing............................................................... 5-25
6. Posture............................................................... 5-10
7. Freeways............................................................. 5-20

**Grounds For Immediate Failure**

1. An accident involving any amount of property damage or personal injury.
2. The applicant refuses to perform any maneuver which is part of the prescribed driving test.
3. Any dangerous action in which:
   a. An accident is prevented by expert driving or action on the part of other drivers.
   b. The examiner is forced to assist the driver in avoiding an accident physically or orally.
   c. The applicant drives or backs over curb or sidewalk.
   d. The applicant creates a serious traffic hazard by stalling or other improper driving behavior.
4. The applicant commits any of the following:
   a. Passes another car which is stopped at a crosswalk, yielding to a pedestrian, or passes a school bus stopped with its red lights flashing.
   b. Makes or starts to make a turn into or from the wrong lane under traffic conditions that render such actions dangerous.
   c. Runs through or has to be stopped from running one red light or one stop sign.
5. Applicant is unable to properly operate vehicle equipment or, after proceeding a short distance on the drive course, it becomes apparent that the applicant is dangerously inexperienced.

**TOTAL DEDUCTIONS**

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**SCORE**

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Dr. Program the assistant to perform the following tasks:

1. **Read and interpret the table in the DRIVE TEST SCORE SHEET**
2. **Summarize the findings and conclusions** from the table.
3. **Provide an example of how to apply the findings** in real-world scenarios.

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2. **Summarize the findings and conclusions** from the table.

   - The DRIVE TEST SCORE SHEET evaluates various aspects of a driver's performance, including starting, stopping, turning, lane use, signs and signals, speed, attention, driving attitude, and miscellaneous errors. Each area is rated on a scale from 1 to 3, with 1 being the least severe and 3 being the most severe.

3. **Provide an example of how to apply the findings** in real-world scenarios.

   - If a driver has a high score in the **F. Speed** category, it indicates that they are either driving too fast or too slow. This could be due to insufficient practice or lack of awareness of traffic laws. To improve, the driver should practice at different times of the day and in various weather conditions to become familiar with different driving scenarios.

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