



POSTAL SERVICE
 SAN RAMON, CA 94583-0001
 NOVEMBER 10, 2009

RENEWAL NOTICE
RENEW ON OR BEFORE YOUR LICENSE EXPIRATION DATE
CALL YOUR LOCAL DMV FOR AN APPOINTMENT - DO NOT MAIL

DRIVER LICENSE EXPIRES: 01/17/2010

PERMIT/RENEW NUMBER
 CA 94 94-17

If your physical description or address on this notice is incorrect, please make the necessary changes. Change of address and other important driver license information is on the reverse.

To renew your license you are required to:

- bring this completed notice and your license to DMV

During your visit at DMV, you are required to:

- pay a renewal fee of **\$031**
- take a written test
- take a vision test
- have your thumb print and photo taken

PLEASE ANSWER THE FOLLOWING QUESTIONS, CIRCLE YES OR NO:

- Have you had any problems with or changes to your health or vision that affects your ability to drive safely? (Review the medical information on the back before responding) YES NO
- Have you ever applied for a license, instruction permit, or ID card under a different name? YES NO
- Have you ever applied for, or been issued, a driver license, instruction permit, or ID card in another state or country? YES NO
 Please briefly explain "yes" answers to questions 1-3 above.

.....DO NOT DETACH.....

DRIVER LICENSE #: [blacked out] **CLASS:** C NON-COMML **ENDORSEMENTS:**
SEX: M **HAIR:** BRN **EYES:** [blacked out] **HEIGHT:** 5'11" **WEIGHT:** 170 **DATE OF BIRTH:** 08/17/1970

WRITTEN - VISION

Give Life! Become an organ and tissue donor. Check the YES box to register with Donate Life California Registry and have the pink donor dot printed on your license. If currently registered, check the YES box for the dot. Read consent statement on back of this form. Yes! I want to register/confirm as an organ and tissue donor.

Check the box below if you would like to make a \$2 voluntary contribution to promote and support organ and tissue donation. Please include \$2 with the Amount Due and write a check/money order for the combined total.

Enclosed \$2 voluntary contribution to promote and support organ and tissue donation

DO YOU WISH TO REGISTER TO VOTE?	Y <input checked="" type="checkbox"/> Yes - I have complete new voter form provided by DMV	VOTER CHANGE OF ADDRESS	<input checked="" type="checkbox"/> I AM A REGISTERED VOTER - HAVE MOVED AND WISH TO UPDATE MY VOTER RECORD
	N <input type="checkbox"/> No		<input type="checkbox"/> I AM MOVING TO A NEW COUNTY - PLEASE COMPLETE A NEW VOTER FORM (PROVIDED BY DMV) WITHIN THE SAME COUNTY. DO NOT COMPLETE A NEW VOTER FORM. YOUR VOTER RECORD WILL AUTOMATICALLY BE UPDATED.

I have read and agree to all the certifications on the back of this form. I have disclosed all health problems requested and have made no false statements. I certify under penalty of perjury under the laws of the State of California that the information I have provided is true and correct.

SIGN THIS FORM AT DMV WHEN YOU PAY YOUR FEE

X