



DEPARTMENT OF TRANSPORTATION  
DRIVER AND MOTOR VEHICLE SERVICES  
1905 LANA AVE NE, SALEM OREGON 97314

# DOCUMENTS PRESENTED & PARENT / GUARDIAN CERTIFICATION

☐ ORIGINAL ☐ RENEWAL ☐ DRIVER LICENSE ☐ INSTRUCTION PERMIT ☐ IDENTIFICATION CARD

## APPLICANT INFORMATION

LAST NAME (PRINT NAME)		FIRST NAME	MIDDLE NAME
TODAY'S DATE (MM-DD-YYYY)	ODL/PERMIT/ID	DATE OF BIRTH (MM-DD-YYYY)	OFFICE USE ONLY – TSR ID 1ST & 2ND CHECK

## MOTHER, FATHER, OR LEGAL GUARDIAN CERTIFICATION

### UNDER 18 YEARS OF AGE APPLYING FOR FIRST DRIVING PRIVILEGE IN OREGON REQUIRES PARENTAL SIGNATURE:

By signing this form\* I certify that I am the mother, father, or legal guardian of the minor applying for an Oregon driving privilege. I further certify that the minor applying for this driving privilege meets the school enrollment requirements under ORS 807.066 or has a diploma or GED. I acknowledge that my signature will remain on file with the DMV and will meet the requirement for all subsequent issuances until the applicant turns 18 years of age. I also understand that I may request that the driving privilege be canceled by submitting a Request to Cancel Driving Privileges by Parent or Legal Guardian, Form 735-7340.

**SIGNATURE OF MOTHER, FATHER, OR LEGAL GUARDIAN**

**PRINTED NAME OF MOTHER, FATHER, OR LEGAL GUARDIAN**

X

\*This form will be accepted in the event that the applicant's mother, father or legal guardian is not present to sign electronically when the applicant applies at a DMV for a first driving privilege.

## STOP – DO NOT WRITE IN THE AREA BELOW – FOR DMV USE ONLY

<input type="checkbox"/> U.S. Passport / Passport Card	<input type="checkbox"/> Permanent Resident Card (I-551)
<input type="checkbox"/> U.S. Birth Certificate	<input type="checkbox"/> U.S. Certificate of Citizenship/Naturalization
<input type="checkbox"/> U.S. Consular Report of Birth Abroad	<input type="checkbox"/> Oregon Federal Tribal ID Card
<input type="checkbox"/> U.S. Territorial Passport / Birth Document	<input type="checkbox"/> Employment Authorization Card (I-766)

☐ Foreign Passport **Country:** \_\_\_\_\_ presented with **(Mark the applicable check box):**

<input type="checkbox"/> Admit Stamp	<input type="checkbox"/> Visa	<input type="checkbox"/> Visa w/ Temporary I-551 language	<input type="checkbox"/> Unexpired I-94	<input type="checkbox"/> I-797A w/ valid "until" date
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☐ Compact of Free Association (COFA) Nation Passport: ☐ FSM ☐ RMI ☐ PAL

☐ DHS/CBP Travel Document/Letter w/any of the following notations **(Mark the applicable check box):**

<input type="checkbox"/> Parole/Parolee/Paroled Until	<input type="checkbox"/> Section 207, 208, 209, 212d(2), 212d(5), HP, or PIP	<input type="checkbox"/> Refugee	<input type="checkbox"/> Asylee
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☐ Out of State NCL/CDL/ID: \_\_\_\_\_ ☐ Other Primary Document: \_\_\_\_\_

<input type="checkbox"/> 1 <sup>st</sup> secondary document: _____	<input type="checkbox"/> 2 <sup>nd</sup> secondary document: _____
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☐ Address: \_\_\_\_\_ ☐ Address verbal statement: \_\_\_\_\_

☐ Other Document: \_\_\_\_\_ ☐ Other Document: \_\_\_\_\_

DRIVER TEST SCORE SHEET										EQUIPMENT FAIL: <input type="checkbox"/>	
										RESTRICTION	
ODL #		DATE		COURSE		APPLICANT'S NAME (LAST, FIRST, MIDDLE)				PLATE/TEMP	
REPRESENTATIVE		INSURANCE COMPANY				POLICY NUMBER				EXPIRATION DATE	
A. LEFT TURN			APPROACH			A. RIGHT TURN			F. INTERSECTIONS		
1	2	3				1	2	3			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Signal			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CONTROLLED 1 2		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Observation			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Attention		<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Correct Lane			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Stop - too close, crosswalk, intersection		<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Unnecessary Stop			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Stop - too suddenly, full, unnecessary		<input type="checkbox"/> <input type="checkbox"/>
			IF STOP								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Intersection, Crosswalk, Too Close			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	UN-CONTROLLED		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Full Stop			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Attention		<input type="checkbox"/>
			TURNING						G. PARKING SPACE IN OUT		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Observation			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Speed		<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Right of Way			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Position		<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Speed			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Attention		<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Wide or Short			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	H. SPEED POSTED UNPOSTED		
			COMPLETE TURN						1. Too Fast		<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Correct Lane			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Too Slow		<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Signal			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I. LACK OF ATTENTION Non Designated		
B. PARKING			C. BACKING			D. RE-ENTRY			1. Pedestrians		
1. Signal <input type="checkbox"/>			1. Observation <input type="checkbox"/>			1. Observation <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
2. Observation <input type="checkbox"/>			2. Path <input type="checkbox"/>			2. Signal <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
3. Position <input type="checkbox"/>									<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
ON LEFT OFF			E. LANE CHANGE			ON RIGHT OFF			4. Strays from Driving / Reaction to Emergency		
<input type="checkbox"/> <input type="checkbox"/>			1. Signal			<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
<input type="checkbox"/>			2. Observation			<input type="checkbox"/>			5. Lane Usage		
<input type="checkbox"/>			3. Position			<input type="checkbox"/>			6. Speed		
									7. Following		
									<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
GFIFs Grounds for Immediate Failure										SCORE	
1. A collision 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. A collision is prevented by expert driving or action on the part of other drivers.											
b. The examiner is forced to assist the driver in avoiding a collision 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. If after proceeding a short distance on the drive test or after completion of the drive test it becomes apparent that the applicant is dangerously inexperienced or is unable to operate vehicle equipment. Score the test "G5."											
										TOTAL ERRORS	
										1 = 97 14 = 58	
										2 = 94 15 = 55	
										3 = 91 16 = 52	
										4 = 88 17 = 49	
										5 = 85 18 = 46	
										6 = 82 19 = 43	
										7 = 79 20 = 40	
										8 = 76 21 = 37	
										9 = 73 22 = 34	
										10 = 70 23 = 31	
										11 = 67 24 = 28	
										12 = 64 25 = 25	
										13 = 61 26 = 22	