

Arizona Department of Transportation MOTOR VEHICLE DIVISION POLICY AND PROCEDURE Customer Service Program	DATE: 1995 08-14	POLICY TITLE: Review of Other Application Information and Forms	
	SUPERCEDES: 06-02-92	POLICY NUMBER: DL 400.15	Pages: 1 of 5

I. PURPOSE

This policy provides guidelines to the Driver License Examiner for the review of forms.

II. AUTHORITY



ARS 28-416(C) describes specific information to be included on the driver license application. The Division implements this provision by requiring a final review of all applications and forms.

III. POLICY

It is the policy of the Division to require a final review of all forms to confirm that the applicant named on the application is the person applying for a driver license and to ensure that all required information is provided.

IV. PROCEDURE

A. Application Information Review

1. The following items on the license application are reviewed:
 - a. The type and class of license are recorded and correspond with the application sold.
 - b. The name and date of birth are present and correspond with the document used to establish this information.
 - (1) Titles are never used.
 - c. If the applicant has provided only a mailing address (P.O. Box or Route):
 - (1) the address must be in the country of residence, and
 - (2) a home address or location description is also required.
 - d. The questions numbered 8 through 11 (12 on CDL) are marked "yes" or "no".

- e. The medical questions are marked "yes" or "no".
 - (1) If "yes", and explanation must be recorded in the comments section on the back of the application.
- f. [Stricken] <Language pertained to anatomical gift.>
- g. The applicant has signed the application with their normal signature.
- h. Restrictions, if applicable, are noted correctly on the reverse side of the application.
- i. The Medi-Code space is not answered "yes" unless accompanied by a physician's letter verifying the applicant's condition, if not already on the license.
- j. When and where last license is recorded.
- k. Vision screening scores are recorded.
- l. Test scores are recorded.
- m. Each Operator's and Motorcycle license contains a space where the applicant may indicate that he/she suffers from a medical condition.
 - (1) The following medical condition codes are used:
 - 1A - Diabetes/Insulin Dependent
 - 1B - Diabetes/Non-Insulin Dependent

 - 2B - Heart Problem/High Blood Pressure
 - 2A - Heart Problem/Pace Maker
 - 2C - Heart Problem/Angina (Heart Pain)

 - 3A - Cerebral Disorder/Epilepsy
 - 3B - Cerebral Disorder/Narcolepsy
 - 3C - Cerebral Disorder/Parkinson's Disease

 - 4 - Hard of Hearing

 - 5A - Respiratory Ailment/Asthma
 - 5B - Respiratory Ailment/Emphysema

 - 6G - Contact Lenses
 - 6H - Hearing Aid

 - 7A - Allergic Reaction/Narcotics
 - 7B - Allergic Reaction/Aspirin
 - 7C - Allergic Reaction/Antibiotics

7D - Allergic Reaction/Tetanus Anti-Toxin
7E - Allergic Reaction/Sulpha Drugs

8A - Paralyzed Left Side
8B - Paralyzed Right Side
8C - Paralyzed Lower Extremities
8D - Paralyzed/Speech Impairment

9 See Medical Card, (See Example 1)

(2) The following medical condition codes are no longer being used on new driver licenses, however, some codes still appear on prior issues.

6A - Artificial Left Arm
6B - Artificial Right Arm
6C - Artificial Left and Right Arms
6D - Artificial Left Leg
6E - Artificial Right Leg
6F - Artificial Left and Right Leg.

2. In order to place a Medi-Code on their license, the applicant must provide a signed statement from a licensed physician to the effect that the applicant suffers from that condition.
 - a. The letter must include the physician's license number and be dated within 90 days of the application date.
 - b. A physician's letter is not required for a duplicate of renewal of license if it was provided for the original license.
 3. An explanation of name or sex change information is recorded.
 - a. Two ID's are required for a name change or one certified documents.
 - b. A doctor's letter is required to change sex and must state that the applicant is irrevocably committed to the sex change procedure.
 4. The application is completed by the applicant whenever possible.
 - a. When assistance is necessary, the Examiner may assist the applicant in completing the items in the above list by questioning the applicant and writing the information in the correct area.
- (1) The items completed in this fashion are read back to the applicant verbatim.

(2) To signify agreement, the applicant then initials the application to the left of each line that has been completed by the Examiner.

5. When an applicant answers any question on the application incorrectly, the Examiner will have the applicant initial the wrong answer.
6. After reviewing and confirming the correct placement of the above information on the application:
 - a. The Examiner signs the application in the space provided.

B. Forms Distribution Review

1. The Examiner check to see that all forms required to process the application have been distributed and reviewed for completeness:
 - a. if discrepancies are discovered, the applicant will correct and initial the wrong/correction area.

V. POLICY AUTHORIZATION

Hand dated 9-13-95
Date

Signature
Russell K. Pearce
Division Director