



Application for Driver License or ID Card

Randy Mask- Sumter County Tax Collector

1. **Full Name** _____

2. **Veteran** Yes No

3. **Indicate your Citizenship**

- US Citizen
- Non- US Citizen (Immigrant, Permanent Resident/Green Card)

4. **Ethnicity**

- | | |
|--------------------------------|---------------------------------------|
| <input type="radio"/> Asian | <input type="radio"/> Black |
| <input type="radio"/> Hispanic | <input type="radio"/> Native American |
| <input type="radio"/> White | <input type="radio"/> Other |

5. **Organ Donation**

- Yes, I would like to be an Organ Donor
- No, I would not like to be an Organ Donor

6. **Emergency Contact Information**

I decline to complete this section

Provide all information below. You can also update this information online anytime by visiting www.services.flhsmv.gov.eci.

o Primary Contact Full Name _____

Home Phone Work Phone Cell Phone

Address _____

Relationship to Applicant	Spouse	Parent	Sibling	Grandparent
	Child	Friend	Other	Extended Family

o Secondary Contact Full Name _____

Home Phone _____ Work Phone Cell Phone

Address _____

Relationship to Applicant	Spouse	Parent	Sibling	Grandparent
	Child	Friend	Other	Extended Family

Under Penalty of perjury, I (the applicant) swear or affirm that the information given by me in this application is true and correct.

Signature of Applicant: _____ Date: _____