



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

SPECIAL LIMITED VISION CONDITION LEARNER'S PERMIT APPLICATION

FULL LEGAL NAME (PLEASE PRINT) LAST NAME		FIRST NAME		FULL MIDDLE NAME		SOCIAL SECURITY NUMBER - -	
OREGON LICENSE/ID NUMBER	DATE OF BIRTH (M-D-Y)	MOTHER'S MAIDEN NAME		APPLICANT'S PLACE OF BIRTH (CITY AND STATE OR COUNTRY)			
RESTRICTIONS	Do you want your license/ID card to show that you are an anatomical donor? <input type="checkbox"/> YES <input type="checkbox"/> NO		HEIGHT FT. IN.	WEIGHT LBS.	SEX (CIRCLE) M F	HAIR COLOR	EYE COLOR
RESIDENCE ADDRESS				MAILING ADDRESS (IF DIFFERENT FROM RESIDENCE ADDRESS)			
CITY, STATE, ZIP CODE		CLASS OF PREVIOUS LICENSE		HOW LONG HAVE YOU BEEN DRIVING? (YEARS) (MONTHS)			
Do you now have, or have you ever had, an instruction permit, identification card, commercial driver license or driver license from Oregon?		<input type="checkbox"/> YES <input type="checkbox"/> NO	EXPIRATION DATE	LICENSE / ID NUMBER	NAME ON PREVIOUS LICENSE / ID		
Do you now have, or have you ever had, an instruction permit, identification card, commercial driver license or driver license from any other state or country ?		<input type="checkbox"/> YES <input type="checkbox"/> NO	EXPIRATION DATE	STATE OR COUNTRY	LICENSE NUMBER		
Are you currently or have you ever had your license to drive or right to apply for the privilege suspended, revoked, canceled or refused?		<input type="checkbox"/> YES <input type="checkbox"/> NO	DATE	STATE	REASON		

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 license. If you have a condition or impairment that makes you unable to safely operate a motor vehicle, you are not eligible for a license 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.**

- 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
- Do you have any physical or mental conditions or impairments that affect your ability to drive safely? YES* NO
*If Yes: a) What is the condition or impairment?: _____
b) Describe how this affects your ability to drive safely: _____
- Do you use alcohol, inhalants, or controlled substances to a degree that affects your ability to drive safely? YES* NO
*If Yes: a) Describe how your use affects your ability to drive safely: _____

I understand it is illegal to make a false statement or show false evidence of age, identity, legal presence, Social Security Number, full legal name and/or residence address on forms required for an Oregon license, permit or ID card. If I do, my license, permit or ID card will be suspended and I may be fined and sentenced to jail (ORS 807.530). I understand that for driving privileges disclosure of my Social Security Number is mandatory for use in enforcing child support laws (ORS 25.785). I certify the vehicle I will use for the license test has insurance coverage meeting the requirements of ORS 806.070. I also certify that I am domiciled in Oregon as required by ORS 807.062 / ORS 807.400.

According to law, the application for an instruction permit or driver license of a minor less than 18 years of age must be signed by both the applicant and the applicant's biological or adoptive father, mother or court appointed guardian.

SIGNATURE OF APPLICANT (FULL LEGAL NAME)
X

SIGNATURE OF PARENT OR GUARDIAN
X

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

PDPS		OUTSTANDING REQUIREMENTS	DATE RECEIVED	TSR ID
DATE	<input type="checkbox"/> CLEAR <input type="checkbox"/> SUSPENDED	<input type="checkbox"/> 6600/CLEARANCE		
DATE	<input type="checkbox"/> CLEAR <input type="checkbox"/> SUSPENDED	<input type="checkbox"/> PROOF AGE/ID/ADDRESS		
DATE	<input type="checkbox"/> CLEAR <input type="checkbox"/> SUSPENDED	<input type="checkbox"/> REIN. FEE/SR-22		
		<input type="checkbox"/> OTHER:		

KNOWLEDGE TEST			
DATE/LOCATION	TEST NO.	SCORE	TSR ID
DATE/LOCATION	TEST NO.	SCORE	TSR ID
DATE/LOCATION	TEST NO.	SCORE	TSR ID
DATE/LOCATION	TEST NO.	SCORE	TSR ID
DATE/LOCATION	TEST NO.	SCORE	TSR ID

HEARING	
HEARING: <input type="checkbox"/> GOOD <input type="checkbox"/> DEAF	
DATE	TSR ID

NOTES	

DOCUMENTS PRESENTED			DOCUMENTS PRESENTED			DOCUMENTS PRESENTED		
<input type="checkbox"/> PROOF OF SSN / VERIFICATION	<input type="checkbox"/> FOREIGN PASSPORT w/DHS DOC.	<input type="checkbox"/> US BIRTH CERTIFICATE	<input type="checkbox"/> PROOF OF SSN / VERIFICATION	<input type="checkbox"/> FOREIGN PASSPORT w/DHS DOC.	<input type="checkbox"/> US BIRTH CERTIFICATE	<input type="checkbox"/> PROOF OF SSN / VERIFICATION	<input type="checkbox"/> FOREIGN PASSPORT w/DHS DOC.	<input type="checkbox"/> US BIRTH CERTIFICATE
<input type="checkbox"/> US PASSPORT/CARD	<input type="checkbox"/> DHS DOCUMENT	<input type="checkbox"/> OTHER (SPECIFY):	<input type="checkbox"/> US PASSPORT/CARD	<input type="checkbox"/> DHS DOCUMENT	<input type="checkbox"/> OTHER (SPECIFY):	<input type="checkbox"/> US PASSPORT/CARD	<input type="checkbox"/> DHS DOCUMENT	<input type="checkbox"/> OTHER (SPECIFY):
DATE	TSR ID	2ND APPROVAL	DATE	TSR ID	2ND APPROVAL	DATE	TSR ID	2ND APPROVAL
			DATE STAMP			FEE \$		
						TSR ID		

Limited Vision Condition Program: Using A Bioptic Telescopic Lens

Who is eligible? A person otherwise eligible for Oregon driving privileges whose vision meets the following criteria:

- Visual acuity in the better eye with best lens correction that is no better than 20/80 and no worse than 20/200.
- Has no ocular diagnosis or prognosis that may result in deterioration of the person's corrected vision below a 20/200 level of visual acuity;
- Has a visual field of at least 120 degrees horizontally and 80 degrees vertically; and
- Would be aided by using a bioptic telescopic lens when operating a motor vehicle.

What driving privilege is the person eligible for? A Class C license (or instruction permit) with the following restrictions:

- Driving during daylight hours only;
- Driving only when the person is using a bioptic telescopic lens.

What are the steps to be licensed under this program? The person must complete the following steps:

- Be examined by a vision specialist who completes a report to DMV showing the person's vision meets the criteria to be licensed under this program.
- Be fitted by a licensed vision specialist with a bioptic telescopic lens mounted on the carrier lens.
- Enroll in a rehabilitation training program offered by a specialist certified by DMV to train low vision condition persons in the use of a bioptic telescopic lens while driving.
- Pass DMV's written knowledge test.
- Be issued by DMV a special limited vision condition learner's permit to be used during driver training.
- Submit to DMV a certificate issued by a rehabilitation training specialist certifying that the person has successfully completed a rehabilitation training program.
- Pass DMV's drive test.

What fees are applicable to a special limited condition learner's permit?

- Class C knowledge test – \$5.00
- Special limited condition learner's permit – \$13.00

What other requirements of this program are there?

- The special limited condition learner's permit can only be used to drive with a certified training specialist as part of the rehabilitation training program.
- To be issued a Class C driver license, a driver under 18 years of age must meet all the requirements of a provisional license, which include having an instruction permit (this differs from a special limited condition learner's permit) for a minimum of six months and having completed a Driver's Education Course (not the specialized training required by this program) and 50 hours of supervised driving or have 100 hours of supervised driving prior to being issued a provisional license.
- Every two years, the person must provide a new certification from a licensed vision specialist and pass a DMV-provided drive test.

Can the daylight only restriction be lifted? A nighttime driving pilot program became effective January 1, 2008, and is scheduled to sunset June 30, 2011. The daylight restriction will be removed when the person completes the following steps:

- Is examined by a vision specialist who indicates on a report submitted to DMV that the person's vision does not prohibit the ability to safely operate a motor vehicle at night.
- Provides a certificate from a rehabilitation training specialist stating the person has successfully completed nighttime training and can safely operate a vehicle at night.

How do I make a drive test appointment? To schedule a drive test appointment, call the DMV Field Services Support Section at (503) 945-5523.

Contact: General questions, Driver Safety (503) 945-5086
Visit us at our website at: www.OregonDMV.com