

Solicitation OSP-113268-271

DMV R9166 - Six Languages

State of California

Bid OSP-113268-271 DMV R9166 - Six Languages

Bid Number OSP-113268-271
Bid Title DMV R9166 - Six Languages

Bid Start Date Jun 3, 2009 4:20:58 PM PDT
Bid End Date Jun 17, 2009 11:00:00 AM PDT

Bid Contact Elizabeth Parker
916-322-8747
eparker@dgs.ca.gov

Standard Disclaimer The State of California advises that prospective bidders periodically check the websites, including but not limited to Bidsync, and/or other state department links for modifications to bid documents. The State of California is not responsible for a prospective bidder's misunderstanding of the bid solicitation or nonresponsive bid due to failure to check these websites for updates or amendments to bid documents, and/or other information regarding the bid solicitations. Failure to periodically check these websites will be at the bidder's sole risk.

The information published and/or responded to on these websites is public information. Confidential questions/issues/concerns should be directed to the contact on the ad.

Changes made on Jun 3, 2009 4:30:51 PM PDT

New Documents IFB 113268-271.doc

Removed Documents IFB 113268-271.doc

Previous End Date Jun 26, 2009 11:00:00 AM PDT New End Date Jun 17, 2009 11:00:00 AM PDT

Description
Please review all attached solicitation documents.



State of California • Arnold Schwarzenegger, Governor
Department of General Services
OFFICE OF STATE PUBLISHING
344 N. 7th Street, Sacramento, CA 95811-0212

May 14, 2009

To: Prospective Bidders

JOB NUMBER: 113268-271
CLIENT: CA DEPARTMENT OF MOTOR VEHICLES
PROJECT TITLE: DL-44 Application for DL/ID Card
Eng, SP, CH, Kor, Tag, Viet

You are invited to review and respond to the attached Invitation for Bid (IFB).

All bids must be submitted in a sealed envelope and plainly marked "**JOB # 113268-271 - DO NOT OPEN UNTIL June 17, 2009 – 11:00 a.m.**" Bids not submitted in a sealed envelope will be rejected.

Each bidder must complete all of the documents which are listed on the Required Attachment Check-List (Attachment 1). Bids not including the above information shall be deemed non-responsive which means the bid did not meet the basic bid requirements.

Submission and processing inquiries regarding the enclosed bid package should be referred to Elizabeth Parker via written fax (916) 322-3763 or via e-mail at eparker@dgs.ca.gov.

BID OPENING DATE: June 17, 2009, - 11:00 a.m.

SUBMIT SEALED BIDS TO:	Elizabeth Parker, Contract Analyst Office of State Publishing 344 N 7 th Street (From I-5 take Richards Blvd. exit) Sacramento, CA 95811-0212
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Sincerely,

Elizabeth Parker
Contract Analyst
FAX: (916) 322-3763

BID REQUIREMENTS

1. Submission of Bid

- a) All original bids must be submitted under sealed cover and sent to the individual as noted on the cover page by dates and times indicated. The sealed cover must be plainly marked with the IFB number and title, must show your firm name and address, and must be marked with **"DO NOT OPEN"**.

Bids not submitted under sealed cover and plainly identified as a bid for the work of the Project being bid upon and addressed as directed in the Invitation to Bid may result in a premature opening of, or failure to open such bid and may be rejected.

- b) All bids shall include the noted documents identified in Attachment I, Required Attachment Checklist. Bids not including the proper "required attachments" shall be deemed non-responsive. A non-responsive bid is one that does not meet the basic bid requirements.
- c) All documents requiring a signature must bear an original signature of a person authorized to bind the bidding firm. Mail or deliver bids to the address on the Cover Page of this Bid Package.
- d) Bids must be submitted for the performance of all the services described herein. Any material deviation from the work specifications will not be considered and will cause a bid to be rejected.
- e) It is the sole responsibility of the Bidder to see that its bid is received in proper time. Bid received after scheduled closing time for receipt of bids will be returned to Bidder unopened.
- f) A bid may be rejected if it is conditional or incomplete, or if it contains any alterations of form or other irregularities of any kind. The State may reject any or all bids and may waive an immaterial deviation in a bid. The State's waiver of an immaterial deviation shall in no way modify the IFB document or excuse the bidder from full compliance with all requirements if awarded the agreement.
- g) Costs incurred for developing bids and in anticipation of award of the agreement are entirely the responsibility of the bidder and shall not be charged to the State of California.
- h) An individual who is authorized to bind the bidder contractually shall sign the Bid/Bidder Certification Sheet. The signature should indicate the title or position that the individual holds in the firm. An unsigned bid may be rejected.
- i) A bidder may modify a bid after its submission by withdrawing its original bid and resubmitting a new bid prior to the bid submission deadline. Bidder modifications offered in any other manner, oral or written will not be considered.
- j) A bidder may withdraw its bid by submitting a written withdrawal request to the State, signed by the bidder or an authorized agent. A bidder may thereafter submit a new bid prior to the bid submission deadline. Bids may not be withdrawn without cause subsequent to bid submission deadline.
- k) The awarding agency may modify the IFB prior to the date fixed for submission of bids by the issuance of an addendum to all parties who received a bid package.
- l) The awarding agency reserves the right to reject all bids. The agency is not required to award an agreement.

- m) Before submitting a response to this solicitation, bidders should review, correct all errors and confirm compliance with the IFB requirements.
- n) Where applicable, bidder should carefully examine work sites and specifications. Bidder shall investigate conditions, character, and quality of surface or subsurface materials or obstacles that might be encountered. No additions or increases to the agreement amount will be made due to a lack of careful examination of work sites and specifications.
- o) The State does not accept alternate contract language from a prospective contractor. A bid with such language will be considered a counter proposal and will be rejected. The State's General Terms and Conditions (GTC) are not negotiable.
- p) No oral understanding or agreement shall be binding on either party.

2. Evaluation and Selection

- a) At the time of bid opening, each bid will be checked for the presence or absence of required information in conformance with the submission requirements of this IFB.
- b) The State will evaluate each bid to determine its responsiveness to the published requirements.
- c) Bids that contain false or misleading statements, which do not support an attribute or condition claimed by the bidder, may be rejected.
- d) Award if made, will be to the lowest responsive responsible bidder.

3. Award and Protest

- a) Whenever an agreement is awarded under a procedure, which provides for competitive bidding, but the agreement is not to be awarded to the low bidder, the low bidder shall be notified by telegram, electronic facsimile transmission, overnight courier, or personal delivery five (5) working days prior to the award of the agreement.
- b) Upon written request by any bidder, notice of the proposed award shall be posted in a public place in the office of the awarding agency at least five (5) working days prior to awarding the agreement.
- c) If any bidder, prior to the award of agreement, files a written protest with the Department of General Services, Office of Legal Services, 707 Third Street, Suite 7-330, West Sacramento, CA 95605 and the Contract Administrator listed on the Cover Page of this IFB, on the grounds that the (protesting) bidder is the lowest responsive responsible bidder, the agreement shall not be awarded until either the protest has been withdrawn or the Department of General Services has decided the matter.
- d) Within five (5) days after filing the initial protest, the protesting bidder shall file with the Department of General Services and the awarding agency a detailed written statement specifying the grounds for the protest. The written protest must be sent to the Department of General Services, Office of Legal Services, 707 Third Street, Suite 7-330, West Sacramento, CA 95605. A copy of the detailed written statement should be mailed to the awarding agency's Contract Administrator listed on the Cover Page of this IFB. It is suggested that you submit any protest by certified or registered mail.
- e) Upon final award of the agreement, the awarded Contractor must complete and submit to the awarding agency the Payee Data Record (STD 204), to determine if the Contractor is subject to state income tax withholding pursuant to California Revenue and Taxation Code Sections 18662 and 26131. This form can be found on the Internet at www.osp.dgs.ca.gov under the heading FORMS MANAGEMENT CENTER. No payment shall be made unless a completed STD 204 has been returned to the awarding agency.

- f) Upon final award of the agreement, Contractor must sign and submit to the awarding agency, *page one (1)* of the Contractor Certification Clauses (CCC), which can be found on the Internet at www.dgs.ca.gov/contracts. This document is only required if the bidder has not submitted this form to the awarding agency within the last three (3) years.

4. Disposition of Bids

- a) Upon bid opening, all documents submitted in response to this IFB will become the property of the State of California, and will be regarded as public records under the California Public Records Act (Government Code Section 6250 et seq.) and subject to review by the public.
- b) Bid packages may be returned only at the bidder's expense, unless such expense is waived by the awarding agency.

5. Agreement Execution and Performance

- a) Service shall be available on the express date set by the awarding agency and the Contractor, after all approvals have been obtained and the agreement is fully executed. Should the Contractor fail to commence work at the agreed upon time, the awarding agency, upon five (5) days written notice to the Contractor, reserves the right to terminate the agreement. In addition, the Contractor shall be liable to the State for the difference between Contractor's bid price and the actual cost of performing work by the second lowest bidder or by another contractor.
- b) All performance under the agreement shall be completed on or before the termination date of the agreement.

6. DISABLED VETERAN BUSINESS ENTERPRISE (DVBE) INCENTIVE PROGRAM:

In accordance with Section 999.5(a) of the Military and Veterans Code an incentive will be given to bidders who provide DVBE participation. For evaluation purposes only, the State shall apply an incentive to bids that propose California certified DVBE participation as identified on the Bidder's Std. 840 of the DVBE packet and confirmed by the State. The incentive amount for awards based on low price will vary in conjunction with the percentage of DVBE participation. The following percentages will apply for the award based on low price.

Confirmed DVBE Participation of:	DVBE Incentive:
3% & Above	5%
2% up to 2.99%	3%
1% up to 1.99%	1%

As applicable: (1) Awards based on low price - the net bid price of responsive bids will be reduced (for evaluation purposes only) by the amount of DVBE incentive as applied to the lowest responsive net bid price. If the #1 ranked responsive, responsible bid is a California certified small business, the only bidders eligible for the incentive will be California certified small businesses. The incentive adjustment for awards based on low price cannot exceed 5% or \$100,000, whichever is less, of the #1 ranked net bid price. When used in combination with a preference adjustment, the cumulative adjustment amount cannot exceed \$100,000.

7. PREFERENCE PROGRAMS

For bids in the amount of \$100,000 and over, the following preference programs apply if your firm is qualified:

- a) Small Business preference - www.pd.dgs.ca.gov *
- b) Target Area Contract Preference Act (TACPA) - www.pd.dgs.ca.gov/disputes
- c) Local Agency Military Base Recovery Area (LAMBRA) Act - www.pd.dgs.ca.gov/disputes
- d) Enterprise Zone Act (EZA) - www.osmb.dgs.ca.gov/eza/program.htm

* The preference for Item a) above applies to all projects no matter what dollar amount.

ATTACHMENT I**REQUIRED ATTACHMENT CHECK LIST**

Complete this checklist to confirm the items in your bid. Place a check mark or "X" next to each item that you are submitting to the State. For your bid to be responsive, all required attachments must be returned. Also, this checklist should be returned with your bid package.

	<u>Attachment/ Exhibit</u>	<u>Name/Description</u>
☐	Exhibit B-2	Cost Sheet
☐	Attachment I	Required Attachment Check List
☐	Attachment II	Contractor Certification Clauses (CCC) 307 (only signed first page is necessary)
☐	Attachment III	Bid/Bidder Certification Sheet
☐	Attachment IV	Small Business Preference
☐	Attachment V	Darfur Contracting Act
☐	Attachment VI	Commercially Useful Function
☐	DVBE Packet	Hand in all Disabled Veteran Business Enterprise (DVBE) forms which you are required to fill out

Note: You do not need to submit back other pages of the bid package with your bid.
You only need to submit the pages listed above.

*****Having just the pages above makes it easier for us to read through your bid package.**

ATTACHMENT II**CERTIFICATION**
CCC-307

I, the official named below, CERTIFY UNDER PENALTY OF PERJURY that I am duly authorized to legally bind the prospective Contractor to the clause(s) listed below. This certification is made under the laws of the State of California.

<i>Contractor/Bidder Firm Name (Printed)</i>		<i>Federal ID Number</i>
<i>By (Authorized Signature) (First & Last Name Required)</i>		
<i>Printed Name and Title of Person Signing</i>		
<i>Date Executed</i>	<i>Executed in the County of</i>	

CONTRACTOR CERTIFICATION CLAUSES

1. **STATEMENT OF COMPLIANCE:** Contractor has, unless exempted, complied with the nondiscrimination program requirements. (Gov. Code §12990 (a-f) and CCR, Title 2, Section 8103) (Not applicable to public entities.)

2. **DRUG-FREE WORKPLACE REQUIREMENTS:** Contractor will comply with the requirements of the Drug-Free Workplace Act of 1990 and will provide a drug-free workplace by taking the following actions:

a. Publish a statement notifying employees that unlawful manufacture, distribution, dispensation, possession or use of a controlled substance is prohibited and specifying actions to be taken against employees for violations.

b. Establish a Drug-Free Awareness Program to inform employees about:

- 1) the dangers of drug abuse in the workplace;
- 2) the person's or organization's policy of maintaining a drug-free workplace;
- 3) any available counseling, rehabilitation and employee assistance programs; and,
- 4) penalties that may be imposed upon employees for drug abuse violations.

c. Every employee who works on the proposed Agreement will:

- 1) receive a copy of the company's drug-free workplace policy statement; and,
- 2) agree to abide by the terms of the company's statement as a condition of employment on the Agreement.

Failure to comply with these requirements may result in suspension of payments under the Agreement or termination of the Agreement or both and Contractor may be ineligible for award of any future State agreements if the department determines that any of the following has occurred: the Contractor has made false certification, or violated the certification by failing to carry out the requirements as noted above. (Gov. Code §8350 et seq.)

3. **NATIONAL LABOR RELATIONS BOARD CERTIFICATION:** Contractor certifies that no more than one (1) final unappealable finding of contempt of court by a Federal court has been issued against Contractor within the immediately preceding two-year period because of Contractor's failure to comply with an order of a Federal court, which orders Contractor to comply with an order of the National Labor Relations Board. (Pub Contract Code §10296) (Not applicable to public entities.)

4. **CONTRACTS FOR LEGAL SERVICES \$50,000 OR MORE- PRO BONO REQUIREMENT:** Contractor hereby certifies that contractor will comply with the requirements of Section 6072 of the Business and Professions Code, effective January 1, 2003.

Contractor agrees to make a good faith effort to provide a minimum number of hours of pro bono legal services during each year of the contract equal to the lessor of 30 multiplied by the number of full time attorneys in the firm's offices in the State, with the number of hours prorated on an actual day basis for any contract period of less than a full year or 10% of its contract with the State.

Failure to make a good faith effort may be cause for non-renewal of a state contract for legal services, and may be taken into account when determining the award of future contracts with the State for legal services.

5. EXPATRIATE CORPORATIONS: Contractor hereby declares that it is not an expatriate corporation or subsidiary of an expatriate corporation within the meaning of Public Contract Code Section 10286 and 10286.1, and is eligible to contract with the State of California.

6. SWEATFREE CODE OF CONDUCT:

a. All Contractors contracting for the procurement or laundering of apparel, garments or corresponding accessories, or the procurement of equipment, materials, or supplies, other than procurement related to a public works contract, declare under penalty of perjury that no apparel, garments or corresponding accessories, equipment, materials, or supplies furnished to the state pursuant to the contract have been laundered or produced in whole or in part by sweatshop labor, forced labor, convict labor, indentured labor under penal sanction, abusive forms of child labor or exploitation of children in sweatshop labor, or with the benefit of sweatshop labor, forced labor, convict labor, indentured labor under penal sanction, abusive forms of child labor or exploitation of children in sweatshop labor. The contractor further declares under penalty of perjury that they adhere to the Sweatfree Code of Conduct as set forth on the California Department of Industrial Relations website located at www.dir.ca.gov, and Public Contract Code Section 6108.

b. The contractor agrees to cooperate fully in providing reasonable access to the contractor's records, documents, agents or employees, or premises if reasonably required by authorized officials of the contracting agency, the Department of Industrial Relations, or the Department of Justice to determine the contractor's compliance with the requirements under paragraph (a).

7. DOMESTIC PARTNERS: For contracts executed or amended after July 1, 2004, the contractor may elect to offer domestic partner benefits to the contractor's employees in accordance with Public Contract Code section 10295.3. However, the contractor cannot require an employee to cover the costs of providing any benefits which have otherwise been provided to all employees regardless of marital or domestic partner status.

DOING BUSINESS WITH THE STATE OF CALIFORNIA

The following laws apply to persons or entities doing business with the State of California.

1. CONFLICT OF INTEREST: Contractor needs to be aware of the following provisions regarding current or former state employees. If Contractor has any questions on the status of any person rendering services or involved with the Agreement, the awarding agency must be contacted immediately for clarification.

Current State Employees (Pub Contract Code §10410):

- 1). No officer or employee shall engage in any employment, activity or enterprise from which the officer or employee receives compensation or has a financial interest and which is sponsored or funded by any state agency, unless the employment, activity or enterprise is required as a condition of regular state employment.
- 2). No officer or employee shall contract on his or her own behalf as an independent contractor with any state agency to provide goods or services.

Former State Employees (Pub Contract Code §10411):

- 1). For the two-year period from the date he or she left state employment, no former state officer or employee may enter into a contract in which he or she engaged in any of the negotiations, transactions, planning, arrangements or any part of the decision-making process relevant to the contract while employed in any capacity by any state agency.
- 2). For the twelve-month period from the date he or she left state employment, no former state officer or employee may enter into a contract with any state agency if he or she was employed by that state agency in a policy-making position in the same general subject area as the proposed contract within the 12-month period prior to his or her leaving state service.

If Contractor violates any provisions of above paragraphs, such action by Contractor shall render this Agreement void. (Pub Contract Code §10420)

Members of boards and commissions are exempt from this section if they do not receive payment other than payment of each meeting of the board or commission, payment for preparatory time and payment for per diem. (Pub Contract Code §10430 (e))

2. LABOR CODE/WORKERS' COMPENSATION: Contractor needs to be aware of the provisions which require every employer to be insured against liability for Worker's Compensation or to undertake self-insurance in accordance with the provisions, and Contractor affirms to comply with such provisions before commencing the performance of the work of this Agreement. (Labor Code Section 3700)

3. AMERICANS WITH DISABILITIES ACT: Contractor assures the State that it complies with the Americans with Disabilities Act (ADA) of 1990, which prohibits discrimination on the basis of disability, as well as all applicable regulations and guidelines issued pursuant to the ADA. (42 U.S.C. 12101 et seq.)

4. CONTRACTOR NAME CHANGE: An amendment is required to change the Contractor's name as listed on this Agreement. Upon receipt of legal documentation of the name change the State will process the amendment. Payment of invoices presented with a new name cannot be paid prior to approval of said amendment.

5. CORPORATE QUALIFICATIONS TO DO BUSINESS IN CALIFORNIA:

- a. When agreements are to be performed in the state by corporations, the contracting agencies will be verifying that the contractor is currently qualified to do business in California in order to ensure that all obligations due to the state are fulfilled.
- b. "Doing business" is defined in R&TC Section 23101 as actively engaging in any transaction for the purpose of financial or pecuniary gain or profit. Although there are some statutory exceptions to taxation, rarely will a corporate contractor performing within the state not be subject to the franchise tax.
- c. Both domestic and foreign corporations (those incorporated outside of California) must be in good standing in order to be qualified to do business in California. Agencies will determine whether a corporation is in good standing by calling the Office of the Secretary of State.

6. RESOLUTION: A county, city, district, or other local public body must provide the State with a copy of a resolution, order, motion, or ordinance of the local governing body which by law has authority to enter into an agreement, authorizing execution of the agreement.
7. AIR OR WATER POLLUTION VIOLATION: Under the State laws, the Contractor shall not be: (1) in violation of any order or resolution not subject to review promulgated by the State Air Resources Board or an air pollution control district; (2) subject to cease and desist order not subject to review issued pursuant to Section 13301 of the Water Code for violation of waste discharge requirements or discharge prohibitions; or (3) finally determined to be in violation of provisions of federal law relating to air or water pollution.
8. PAYEE DATA RECORD FORM STD. 204: This form must be completed by all contractors that are not another state agency or other governmental entity.

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ATTACHMENT III**BID/BIDDER CERTIFICATION SHEET**

This Bid/Bidder Certification Sheet must be signed and returned along with all the "required attachments" listed in Attachment I, "Required Attachment Checklist", as an entire package in duplicate with original signatures. The bid must be transmitted in a sealed envelope in accordance with IFB instructions.

- A. All required attachments are included with this certification sheet.
- B. I have read and understand the Disabled Veteran Business Enterprise (DVBE) participation requirements and have included documentation demonstrating that I have met the participation goals or have made a good faith effort.
- C. The signature affixed hereon and dated certifies compliance with all the requirements of this bid document. The signature below authorizes the verification of this certification.

An Unsigned Bid/Bidder Certification Sheet May Be Cause For Rejection

1. Company Name	2. Telephone Number ()	2a. Fax Number ()
3. Address		
Indicate your organization type:		
4. ☐ Sole Proprietorship	5. ☐ Partnership	6. ☐ Corporation
Indicate the applicable employee and/or corporation number:		
7. Federal Employee ID No. (FEIN)	8. California Corporation No.	
9. Indicate applicable license and/or certification information:		
10. Bidder's Name (Print)		11. Title
12. Signature (First & Last Name Required)		13. Date
14. Are you certified with the Department of General Services, Office of Small Business Certification and Resources (OSBCR) as:		
a. California Small Business Yes ☐ No ☐ If yes, enter certification number:		b. Disabled Veteran Business Enterprise Yes ☐ No ☐ If yes, enter your service code below:
15. My firm is not a registered small business firm, however, we are claiming the 5% small business preference in that we will be using registered small business firms for 25% for this project. Attached is a list of our subcontractors / suppliers and their certification numbers.		Yes ☐ No ☐ See attached list.
NOTE: The date your application was submitted to OSBCR, if an application is pending:		

Email address of firm's contact person:	@
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ATTACHMENT IV**SMALL BUSINESS PREFERENCE**

A five percent (5%) small business preference will be granted to Bidders certified as "Small Business" in accordance with Section 1896 et. Seq., Title 2, California Code of Regulations.

If the Bidder is not already a Certified Small Business, applications for certification as "Small Business" must be submitted to the Office of Small Business and DVBE Certification (OSDC), 707 3rd Street, First Floor, Suite 1-400, West Sacramento, CA 95605; website: <http://www.pd.dgs.ca.gov/smbus>

Submit a copy of your OSDC certification letter with your proposal.

Pursuant to Section 1896.14, in order to receive the small business preference, bidders must have a completed application (including proof of annual receipts) on file with the OSDC. The bidder must have requested a preference from OSDC and meet all applicable requirements under the subchapter and the State Small Business Procurement and Contract Act, (including but not limited to evidence to rebut presumptions) not later than five o'clock (5:00 p.m.) on the date on which the subject bid is opened.

Non-Small Business:

The application of the five percent (5%) small business bidding preference is now extended to a bidder, whose business is not certified as a small business but commits to subcontracting at least twenty-five percent (25%) of its net bid price to businesses that are California certified small businesses and/or micro-businesses.

- a) When applicable this preference will be granted when the non-small business:
 - Has been determined to be a responsible bidder and submitted a timely responsive bid
 - Submits a list of California Certified Small Businesses that he/she commits to subcontract with for a commercially useful function in the performance of the project and submits this document no later than forty-eight (48) hours after the bid opening date. If bidder fails to submit the list of Certified Small Business Subcontractors within 48 hours, the claim for non-small business preference will be denied.
- b) Substitution of Small Business Subcontractors or Suppliers:

After award of a contract based in part on the application of the Non-Small Business Subcontractor preference, the contractor must use the small business subcontractor(s) and/or supplier(s) proposed in the bid to the State unless a substitution is requested in writing to the awarding department and the awarding department approves the substitution in writing prior to the commencement of any work. The substitution request must include at least the following:

 - An explanation of the reason for the substitution
 - The contractor must substitute a small business with another small business. However, if the small business substitution cannot occur, the contractor must include a written justification and the steps that were taken to try to acquire a new small business subcontractor and how that portion of the contract will be fulfilled.
 - A description of the work to be performed, identified both as a task(s) and as a dollar amount or percentage of the overall contract that the substituted business will perform. The substituted business(es), if approved, shall be required to perform a commercially useful function in the contract pursuant to CCR § 1896.6.
 - The request for substitution of a small business and the awarding department's approval or disapproval cannot be used as an excuse for noncompliance with any other provision of law, including but not limited to, the Subletting and Subcontracting Fair Practices Act (§ 4100 et seq., Public Contract Code) or any other contract requirements relating to substitution of subcontractors.

ATTACHMENT IV
Page 2

- If a contractor requests substitution of its subcontractor(s)/supplier(s) by providing a written request to the awarding department in accordance with CCR § 1896.10, the awarding department may consent to the substitution in any of the situations set forth in Public Contract Code § 4107 of the Subletting and Subcontracting Fair Practices Act.
- Prior to approval of the prime contractor's request for the substitution, the awarding department, or its duly authorized officer, shall give notice in writing to the listed subcontractor of the prime contractor's request to substitute and the reasons for the request to substitute. The notice shall be served by certified or registered mail to the last known address of the subcontractor. The listed subcontractor that has been so notified shall have five (5) working days after the receipt of the notice to submit written objections to the substitution to the awarding department. Failure to file these written objections shall constitute the listed subcontractor's consent to the substitution. If written objections are filed, the awarding department shall give notice in writing of at least five (5) working days to the listed subcontractor of a hearing by the awarding department on the prime contractor's request for substitution.
- Failure of the contractor to subcontract with the small businesses listed on its bid to the State, or follow these substitution rules may be grounds for the Department to impose sanctions pursuant to Government Code § 14842.5 and CCR §1896.16. In the event such sanctions are to be imposed, the contractor shall be notified in writing and entitled to a hearing pursuant to CCR §§ 1896.18 and 1896.20.

All Bidders: Check The Appropriate Line:

- _____ I **am** a certified small business and the small business preference is applicable to this Proposal. A copy of my certified form from the Office of Small Business Certification is attached.
- _____ I have recently filed for small business preference but have not yet received certification.
- _____ I am **not** a certified small business and I am **not** claiming the small business preference.
- _____ Our firm is not certified as a small business but commits to subcontracting at least twenty-five percent (25%) of its net bid price to businesses that are California certified small businesses and/or micro-businesses.

Firm's Name:	
Signature of Representative: (First & Last Name Required)	X

**Department of General Services
Procurement Division**

707 Third Street, Second Floor, West Sacramento, CA 95605
(916) 375-4400 (800) 559-5529

Broadcast Date: March 13, 2009

**TO: Procurement & Contracting Officers (PCOs)
Purchasing Authority Contacts (PACs)**

RE: Darfur Contracting Act

This Broadcast Bulletin provides information on the Darfur Contracting Act (Act) (Public Contract Code sections 10475 through 10481). Effective January 1, 2009, procurements for Non-Information Technology (Non-IT) goods or services must address the requirements of this Act. The Act is intended to preclude State agencies generally from contracting with *SCRUTINIZED* companies that do business in the African nation of Sudan (of which the Darfur region is a part), for the reasons described in Public Contract Code section 10475.

A *SCRUTINIZED* company is a company doing specified types of business in Sudan as defined in Public Contract Code section 10476. *SCRUTINIZED* companies are ineligible to, and cannot, bid on or submit a proposal for a contract with a State agency for Non-IT goods or services (Public Contract Code section 10477(a)). Public Contract Code section 10478 (a) requires a company that currently has (or within the previous three years has had) business activities or other operations outside of the United States to certify that it is not a *SCRUTINIZED* company in order to submit a bid or proposal to a State agency. A *SCRUTINIZED* company may still, however, submit a bid or proposal for a contract with a State agency for goods or services if the company first obtains permission from the Department of General Services (DGS) according to the criteria set forth in Public Contract Code section 10477(b).

For all acquisitions of Non-IT goods or services, departments must require vendors to certify whether they are a *SCRUTANIZED* company. This applies regardless of the procurement approach, method, or solicitation format used including, but not limited to: Formal Bids, Informal Bids, Request for Proposals, Invitation for Bids, Non-Competitive Bids, the SB/DVBE Option, and under \$5,000 fair and reasonable pricing. The attached sample or a similar code-compliant document should be used to satisfy the Act's certification requirements.

The only exception to departments obtaining this information is for contracts awarded using DGS Leveraged Procurement Agreements (LPAs). The DGS Procurement Division is in the process of obtaining this information from LPA contractors so departments do not have to obtain it at the transaction level.

If you have any questions regarding this notification, please contact:
Office of Policies, Procedures and Legislation
PPO@dgs.ca.gov

DARFUR CONTRACTING ACT

Pursuant to Public Contract Code section 10478, if a bidder or proposer currently or within the previous three years has had business activities or other operations outside of the United States, it must certify that it is not a "scrutinized" company as defined in Public Contract Code section 10476.

Therefore, to be eligible to submit a bid or proposal, please insert your company name and Federal ID Number and complete only one of the following three paragraphs (via initials for Paragraph # 1 or Paragraph # 2, or via initials and certification for Paragraph # 3):

<i>Company/Vendor Name (Printed)</i>	<i>Federal ID Number</i>
<i>Printed Name and Title of Person Initialing (for Options 1 or 2)</i>	

1.
Initials We do not currently have, and have not had within the previous three years, business activities or other operations outside of the United States. **OR**
2.
Initials We are a scrutinized company as defined in Public Contract Code section 10476, but we have received written permission from the Department of General Services (DGS) to submit a bid or proposal pursuant to Public Contract Code section 10477(b). A copy of the written permission from DGS is included with our bid or proposal. **OR**
3.
Initials
+
certification
below We currently have, or we have had within the previous three years, business activities or other operations outside of the United States, but we certify below that we are not a scrutinized company as defined in Public Contract Code section 10476.

CERTIFICATION For # 3.

I, the official named below, CERTIFY UNDER PENALTY OF PERJURY that I am duly authorized to legally bind the prospective proposer/bidder to the clause listed above in # 3. This certification is made under the laws of the State of California.

<i>By (Authorized Signature)</i>	
<i>Printed Name and Title of Person Signing</i>	
<i>Date Executed</i>	<i>Executed in the County and State of</i>

COMMERCIALLY USEFUL FUNCTION

On January 1, 2004, Chapter 623, Statutes of 2003, became effective and required **all** small businesses, microbusinesses and disabled veteran business enterprises (DVBES) to perform a "**commercially useful function**" in any contract they perform for the State. This Legislation contained changes to Government Code Sections 14837, 14838.6, 14839, 14842, and 14842.5, and Military and Veterans Code Sections 999 and 999.6, providing the new requirements.

DEFINITION OF COMMERCIALLY USEFUL FUNCTION:

As stated in Chapter 623, Statutes of 2003, a business performing a commercially useful function is one that does **all** of the following:

- Is responsible for the execution of a distinct element of the work of the contract.
- Carries out its obligation by actually performing, managing, or supervising the work involved.
- Performs work that is normal for its business, services and function.
- Is not further subcontracting a portion of the work that is greater than that expected to be subcontracted by normal industry practices.

A contractor, subcontractor, or supplier will not be considered to perform a commercially useful function if the contractor's, subcontractor's, or supplier's role is limited to that of an extra participant in a transaction, contract, or project through which funds are passed in order to obtain the appearance of small business, microbusiness or DVBE participation.

Please make note that your compliance is mandatory and there will be no exceptions to this requirement. The table below must be filled out, signed, and returned with all paperwork requested from you. Otherwise, your firm will not be considered as a qualified, Registered Small Business for this bid.

COMMERCIALLY USEFUL FUNCTION

If the Prime Contractor is claiming they are a registered Small Business firm you must fill out this form and submit with your bid.

Yes	No	Contractor / Vendor:
		Is responsible for the execution of a distinct element of the work of the contract.
		Carries out its obligation by actually performing, managing, or supervising the work involved.
		Performs work that is normal for its business, services and function.
		Is not further subcontracting a portion of the work that is greater than that expected to be subcontracted by normal industry practices.
Signature:		Ø
Name of Firm:		
Date:		

By signing this form the Contractor/Vendor certifies he or she is in complete compliance with the Commercial Useful Function requirements. The Contractor/Vendor must comply with each item above in order to fulfill their obligations with the State of California, Department of General Services, Office of State Publishing. There will be no exceptions.

END OF SECTION

STANDARD AGREEMENT

STD 213 (Rev 06/03)

AGREEMENT NUMBER TBA
REGISTRATION NUMBER: TBA

1. This Agreement is entered into between the State Agency and the Contractor named below:

STATE AGENCY'S NAME

Department of General Services, Office of State Publishing

CONTRACTOR'S NAME

TBA

2. The term of this agreement is: **June 18, 2009 – February 25, 2010**

3. The maximum amount of this Agreement is: **\$ TBA**

4. The parties agree to comply with the terms and conditions of the following exhibits which are by this reference made a part of the Agreement.

JOB NUMBER: 113268-271
CLIENT: CA DEPARTMENT OF MOTOR VEHICLES
PROJECT TITLE: DL-44 Application for DL/ID Card
Eng, SP, CH, Kor, Tag, Viet

Exhibit A-1:	Specifications	1-page
Exhibit A-2:	Scope of Work	12-pages
Exhibit B-1:	Budget Detail and Payment Provisions	1 page
Exhibit B-2:	Cost Sheet	1 page
Exhibit C*:	General Terms and Conditions	GTC 307
Exhibit D:	Additional Provisions	1 page

The General Terms and Conditions shown with an Asterisk (*), is hereby incorporated by reference and made part of this agreement as if attached hereto. This documents can be viewed at www.dgs.ca.gov/contracts

IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto.

CONTRACTOR		CALIFORNIA Department of General Services Use Only
CONTRACTOR'S NAME (If other than an individual, state whether a corporation, partnership, etc.) TBA		
BY (Authorized Signature) —	DATE SIGNED	
PRINTED NAME AND TITLE OF PERSON SIGNING		
ADDRESS TBA		
STATE OF CALIFORNIA		
AGENCY NAME Department of General Services, Office of State Publishing		☐ Exempt per _____
BY (Authorized Signature) —	DATE SIGNED	
PRINTED NAME AND TITLE OF PERSON SIGNING Geoff Brandt, State Printer		
ADDRESS 344 N 7th Street, Sacramento, CA 95811-0212		

EXHIBIT A-1
Scope of Work

JOB NUMBER: 113268-271
CLIENT: CA DEPARTMENT OF MOTOR VEHICLES
PROJECT TITLE: DL-44 Application for DL/ID Card
 Eng, SP, CH, Kor, Tag, Viet

Contractor to perform the following services, as outlined on the attached **Exhibit A-2 113268-271 Scope of Work** on behalf of the Department of General Services, Office of State Publishing (OSP) 344 N. 7th Street Sacramento, CA. Time is of the essence of this agreement.

VENDOR COMPLETION DATE:	4 Separate Ship Dates. See Attached Specifications (Exhibit A-2 113268-271 Specifications for details regarding multiple ship dates and multiple languages.
SCOPE:	Two-Part 89.5 x 14 Unit Set with 5/8" Snap-Out Stub at Top. • Part 1: DL-44 Prints head to head, black ink both sides on 18# White bond. Form to print with sequential bar codes. • DMV to provide electronic files and number series for each shipment. • <i>NOTE: DMV reserves the right to change copy 45 days before each scheduled delivery. See Exhibit A-2 113268-271 Specifications.</i> • Part 2: Voter Registration Card DL-1995-MV HO; Prints Head to Foot on 24# OCR Bond. The form prints in Black, Warm Red and Green OCR-S&JV-27975 / Black, Warm Red ink. One vertical perforation ½" from the left side of the form. 12/25 tpi. • Sequential affidavit numbers to be printed in Warm Red ink. • Electronic files provided and number series for each language.
PROOF:	Yes. Estimate 2 Proofs for each language and each shipment date. Composed proofs required. No pdf or faxed proofs will be accepted unless cleared by DMV or Secretary of State. • The Vendor must supply 50 bar code test samples on the actual DL-44 form in correct position for OK before printing. • Each language shall have 50 bar code test samples.
QUANTITY:	• 8,000,000 English – 3 Shipments • 2,100,000 Spanish – 2 Shipments • 78,500 Chinese – 1 Shipment • 38,750 Korean – 1 Shipment • 23,000 Tagalog – 1 Shipment • 28,000 Vietnamese – 1 Shipment
SIZE:	8.5" x 14" with 5/8 Stub at Top
STOCK:	See attached Specifications
INK:	See attached Specifications
BINDERY:	Plastic Wrap 200 to a package. Carton pack 1,000 to a carton. See Attachment under Package/Palletizing.
PACKAGING:	Vendor must use the Package/Palletizing Labeling instructions provided. DMV will refuse shipments if the Packaging and Labeling Instructions are not followed.
SHIP TO:	Provide samples to Mike Mesaros. Before Delivery to Department of Motor Vehicles – Call for an appointment 916-928-7901. Receiving Hours M-F 7:00 a.m – 12:00 p.m. and 1:00 p.m. – 3:00 p.m. Deliver specified shipments to: Department of Motor Vehicles 4201 Sierra Point Drive, #12 Sacramento, CA 95834

TERM OF CONTRACT:**June 18, 2009 – February 25, 2010****REPRESENTATIVES DURING THE TERM OF THIS AGREEMENT:**

State's Contract Manager: Office of State Publishing Department of General Services 344 No. 7 th Street Sacramento, CA 95811-0212 Attn: Elizabeth Parker, Contract Analyst Phone: (916) 322-8747 Fax: (916) 322-3763 E-mail: eparker@dgs.ca.gov	Contractor: TBA
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EXHIBIT B-1**BUDGET DETAIL AND PAYMENT PROVISIONS****1. Invoicing and Payment:**

- A. For services satisfactorily rendered, and upon receipt and approval of the invoices, the State agrees to compensate the Contractor for actual expenditures incurred in accordance with the rates specified herein, which is attached hereto and made a part of this Agreement.
- B. Payment shall be made upon satisfactory performance of work and upon receipt of an invoice received and approved by the designated representative(s).
- C. Invoices must be submitted on Contractor's letterhead signed by authorized representative, and include:
- Contract Number
 - Job Number
 - Requisition Number
 - Delivery Date
 - Work completed for the period shall be identified (detailed statement of services)

Make out invoices to:	Department of General Services Office of State Publishing
Required for payment: Signed proof of delivery, 6 samples. Final Disk of Artwork must accompany invoice.	Submit to: Elizabeth Parker, Contract Analyst Department of General Services Office of State Publishing 344 N. 7 th Street Sacramento, CA 95811-0212

2. Budget Contingency Clause:

- A. It is mutually agreed that if the Budget Act of the current year and/or any subsequent years covered under this Agreement does not appropriate sufficient funds for the program, this Agreement shall be of no further force and effect. In this event, the State shall have no liability to pay any funds whatsoever to Contractor or to furnish any other considerations under this Agreement and Contractor shall not be obligated to perform any provisions of this Agreement.
- B. If funding for any fiscal year is reduced or deleted by the Budget Act for purposes of this program, the State shall have the option to either cancel this Agreement with no liability occurring to the State, or offer an agreement amendment to Contractor to reflect the reduced amount.

3. Prompt Payment Clause:

Payment will be made in accordance with, and within the time specified in, Government Code Chapter 4.5, commencing with Section 927.

**EXHIBIT B-2
COST SHEET**

To: Elizabeth Parker
DGS-Office of State Publishing
344 N. 7th Street
Sacramento, CA 95811-0212

Bid Date: **June 17, 2009 – 11:00 a.m.**

JOB NUMBER: 113268-271
CLIENT: CA DEPARTMENT OF MOTOR VEHICLES
PROJECT TITLE: DL-44 Application for DL/ID Card
Eng, SP, CH, Kor, Tag, Viet

The undersigned Contractor, as bidder, declares that he/she has carefully examined all documents contained or referenced within this Invitation for Bid and is familiar with all proposal requirements; and agrees, if the proposal is accepted, to complete the above services in accordance with the Contract Documents, for the complete term of the Agreement.

Bid amount to include and cover any insurance, the furnishing of all materials, **freight**, the performance of all labor, the provision of all necessary machinery, tools, apparatus, and other means of service; also the performance and completion of all the work in the manner set forth, described herein.

Do not include sales tax. The State will add 8.75% sales tax to your figure when executing the final agreement. The State does not guarantee they will require the total quantity of work outlined herein. Bidder must include lump sum amount for each column, or the bid will be disqualified.

August 31, 2009 – Job 113268 Lump sum:	\$
September 30, 2009 – Job 113269 Lump sum:	\$
December 15, 2009 – Job 113270 Lump sum:	\$
February 25, 2010 – Job 113271 Lump sum:	\$
Total Lump sum bid for all services described herein:	\$

Award will be made to the lowest responsible bidder.

Company name:	
Bidder's Signature: (First & Last Name Required)	X
Title or Position:	
Address, City & Zip	
Phone:	
Fax:	
E-mail:	@

List of **subcontractors** which will be utilized to perform various tasks:

NAME OF FIRM	SERVICE PROVIDED (i.e. shipping, binding, packing, sorting)

EXHIBIT C
(GTC 307 version)

GENERAL TERMS AND CONDITIONS

PLEASE NOTE: This page will not be included with the final agreement. The General Terms and Conditions will be included in the agreement by reference to Internet site:
<http://www.ols.dgs.ca.gov/Standard+Language>.

EXHIBIT D
ADDITIONAL PROVISIONS

1. **EXCISE TAX:** The State of California is exempt from Federal Excise Taxes, and no payment will be made for any taxes levied on employees' wages. The State will pay for any applicable State of California or local sales or use taxes on the services rendered or equipment or parts supplied pursuant to this agreement. California may pay any applicable sales or use tax imposed by another state.
2. **SETTLEMENT OF DISPUTES:** In the event of a dispute, Contractor shall file a "Notice of Dispute" with Department of General Services, director or designee within ten (10) days of discovery of the problem. Within ten (10) days the director or designee shall meet with the Contractor and Project Manager for purposes of resolving the dispute. The decision of the director or designee shall be final. In the event of a dispute, the language contained within this agreement shall prevail over any other language including that of the bid proposal.
3. **AGENCY LIABILITY:** The Contractor warrants by execution of this Agreement, that no person or selling agency has been employed or retained to solicit or secure this Agreement upon agreement or understanding for a commission, percentage, brokerage, or contingent fee, excepting bona fide employees or bona fide established commercial or selling agencies maintained by the Contractor for the purpose of securing business. For breach or violation of this warranty, the State shall, in addition to other remedies provided by law, have the right to annul this Agreement without liability, paying only for the value of the work actually performed, or otherwise recover the full amount of such commission, percentage, brokerage, or contingent fee.
4. **POTENTIAL SUBCONTRACTORS:** Nothing contained in this Agreement or otherwise shall create any contractual relation between the State and any subcontractors, and no subcontract shall relieve the Contractor of its responsibilities and obligations hereunder. The Contractor agrees to be as fully responsible to the State for the acts and omissions of its subcontractors and of persons either directly or indirectly employed by any of them as it is for the acts and omissions of persons directly employed by the Contractor. The Contractor's obligation to pay its subcontractors is an independent obligation from the State's obligation to make payments to the Contractor. As a result, the State shall have no obligation to pay or enforce the payment of any moneys to any subcontractor.
5. **RIGHT TO TERMINATE:** The State reserves the right to terminate this agreement subject to 30 days written notice to the Contractor. Contractor may submit a written request to terminate this agreement only if the State should substantially fail to perform its responsibilities as provided herein. However, the agreement can be immediately terminated for cause. The term "for cause" shall mean that the Contractor fails to meet the terms, conditions, and/or responsibilities of the contract. In this instance, the contract termination shall be effective as of the date indicated on the State's notification to the Contractor. This agreement may be suspended or cancelled without notice, at the option of the Contractor, if the Contractor or State's premises or equipment are destroyed by fire or other catastrophe, or so substantially damaged that it is impractical to continue service, or in the event the Contractor is unable to render service as a result of any action by any governmental authority.
6. **EXTENSION OF TERM:** If the State deems so necessary, it may extend the term of this agreement by way of a written and mutually signed Amendment to this Agreement.

BID FORM SPECIFICATIONS
Driver License/Identification Card Application, Chinese
DL 44 CH (REV. 10/2008)

1.0 FORM NUMBER:
DL 44 CH

2.0 QUANTITIES:
78,500 each / 50 per package = 1,570 packages

3.0 DELIVERY SCHEDULE:
The delivery dates, job numbers, quantities and serial number ranges are as follows:

DELIVERY DATE	JOB #	QUANTITY	SERIAL # RANGE
December 15, 2009	113270	78,500	G 97300001 – G 97378500
TOTAL		78,500	

NOTE: No overages allowed. DMV reserves the right to change copy 45 days before each scheduled delivery. The vendor is responsible for advising the DMV of the deadline to submit revisions for each production run in order to meet each delivery schedule.

4.0 SERIAL NUMBERS:
Sequence of numbers: **G 97300001 – G 97378500**

NOTE: No duplicate numbers will be accepted. The sequence of enumeration must also be uninterrupted. In the event of missing numbers, a separate packing list showing those missing numbers must be provided.

5.0 DESCRIPTION OF FORM:
Two-part, 8-1/2" x 14" unit set with 5/8" snapout stub at top.

5.1 PART 1:
DL 44 CH - Prints head to head, black ink both sides on 18 lb. white bond. Form to be printed with sequential bar-codes.

5.2 PART 2:
Voter Registration Card – DL 1995-MV HO. Prints head to foot on 24 # OCR Bond. The front of the form prints in black, warm red, and green OCR-S&JV-27975.

The back of the form prints in black and warm red ink. One vertical perforation 1/2" from the left side of form with perforations at 12/25 tpi. Sequential affidavit numbers to be printed in warm red ink in box 18 following preprinted prefix number. Numbers to be assigned by Secretary of State's office will be provided by DMV.

BID FORM SPECIFICATIONS
Driver License/Identification Card Application, Chinese
DL 44 CH (REV. 10/2008)

6.0 BAR-CODING:

Bar Coding on part 1 to be located in the top right corner of the form and produced per specifications outlined below. Vendor must have in place, and provide documentation to that effect, a system where by the bar codes are read at the press. The system will perform the following checks automatically:

- Compare the document number to all documents run during the life of the program to insure no duplicate numbers occur.
- Calculate and verify the check modules number.

6.1 ADDITIONAL BAR CODE SPECIFICATIONS:

Top Edge - 1 cm (13/32" or .394) from the top edge of the document to the top of the bar code.

Right Margin - 1 cm from the end of the bar code to the edge of the document.

Quiet Zone - The blank area to the right of the bar code and under the interpretation (human readable) line must be a minimum of 1/4". The top edge and right margin specifications (noted above) will serve as the quiet zones for said areas.

Bar Direction Skew - The code bars, elements (single bars or white spaces), must be perpendicular to the edge of the document, maximum degradation of 5 degrees.

Check Digit/Character - Must be determined using Modulo 7 D R.

Data Character Set (DCS) - Start character, nine digit sequential number (1-alpha, 8 numeric), check digit (7 D R), and stop character.

Intercharacter Gap - Must be 1 to 3 times the narrow element width.

Code Length - Medium density, approximately 4.5 - 5 characters per inch. Total length for DCS of 12 = 2 - 9/16" or 6.4 cm.

Code Height - 15% of code length (9.64 - 9.67 mm)

Human Readable Characters/Interpretation Line - Black ink (same as bar code), spaced one (1) mm below the bar code, in san serif font size of 11 points.

Wide to Narrow Element Ratio - The ratio must be a minimum of 2:1 and a maximum of 3:1. Note: The ratio must exceed 2.2:1 whenever the narrow element width is less than .020" (.50 mm)

BID FORM SPECIFICATIONS
Driver License/Identification Card Application, Chinese
DL 44 CH (REV. 10/2008)

Minimum Reflectance Difference or Print Contrast Ratio - The reflectivity between black bars and white spaces must be 60% or greater.

Quality - No "specks" (ink in white spaces), "voids" (holes in black bars), rough edges, wavy bars, image shrinkage, spread or bleed through.

Code 39, mod 7 check D R system
(Alpha character not used for check digit calculations)

Bar height	9.67 mm
Clear number beneath barcode	2.05 mm
Space between bars and clear figure	1.00 mm
Overall height	12.72 mm

Barcode density ICS .4 CPI before inter character gap,
4.5 CPI including inter character gap.

6.2 BARCODE CONSTRUCTION CONSISTS OF:

One character	Start code
One character	Alpha character
Eight characters	Sequential numeric
One character	Check digit (D R) system
One character	Stop code

The check digit is calculated by taking the number (30661203) and dividing it by 7 (4380171.86), then multiplying the remainder (.86) x 7 = (6.02) and using the whole number (6).

Missing numbers are acceptable, but must be documented and supplied at delivery.

7.0 PROOFS AND BAR CODE TEST SAMPLES:

Electronic files will be provided for each printing (unless authorized to reprint a current version) by the DMV. Complete proofs (color proofs required on part II) must be submitted to the DMV for approval prior to print production. No PDF or faxed proofs will be accepted.

The vendor must also supply 50 bar code test samples on an actual DL 44 form in the correct position as noted in these specifications. These samples will be used to test functionality of the bars code using DMV's Kodak Imagelink Microimager 70 and laser barcode scanners.

DMV approval or rejection of bar code test samples provided by vendor will be completed with 48 hours of receipt of samples.

BID FORM SPECIFICATIONS
Driver License/Identification Card Application, Chinese
DL 44 CH (REV. 10/2008)

Approval of vendor supplied bars codes by the DMV will imply the bar codes printed on each form will be of the same quality and orientation on the printed form as the test samples provided by the vendor.

8.0 PACKAGE/PALLETIZING:

50 per cello wrap. The shipping cartons shall not exceed 40 pounds gross weight and the number of shrink wrapped packages per carton must remain the same throughout the entire order (each scheduled delivery). All cartons shall be marked and palletized such that all labels can be read without removal of cartons. The cartons shall be shipped on wooden pallets complying with State of California SIZE 2, TYPE 2, (42W x 42L).

The entire pallet is to be used end to end side to side. Cartons shall be reversed on each layer to interlocked cartons. The cartons shall be stacked to maximum height on pallets whenever possible, no more than sixty inches including the pallet. Pallets are to be plastic film wrapped. There shall be no slack space in carton.

Each delivery must have a packing slip. The packing slip must include the Requisition/Job number, DMV stock item number, quantity and bar code series ranges with each shipment. Each delivery must match the packing slip precisely.

The cartons shall be protected from cutting, crushing or breaking resulting from banding pressure. Do not stack more than one pallet high.

Labels: Shipping labels must use LARGE LEGIBLE LETTERING.

Cartons–Asterisks indicate data that must be included on pallet labels.	
* Item ID	DL 44 CH
Stock Item Number	4-44 CH
Form Title	Driver License/Identification Card Application, Chinese
* Revision Date	10/2008
* Requisition Number	R9166
* Job Number	
* Quantity per Package	50
* Quantity per Box	1,000
Serial Number Range (each box)	
Production Run Date	
Pallets–Use lettering that can be easily read from 20 feet away.	
Total Quantity–This Delivery	
Cartons Per Pallet (Count)	
Pallet Box Numbers	

BID FORM SPECIFICATIONS
Driver License/Identification Card Application, Chinese
DL 44 CH (REV. 10/2008)

9.0 DELIVERY LOCATION & HOURS:

Department of Motor Vehicles
4201 Sierra Point Drive, # 112
Sacramento, CA 95834
(916) 928-7901

Receiving Hours
Monday through Friday
7:00 a.m. – 12:00 p.m.
1:00 p.m. – 3:00 p.m.

10.0 INQUIRIES AND PROOFS TO:

Laura Koretsky
Department of Motor Vehicles
2570 24th Street, MS G-202
Sacramento, CA 95818
Voice: (916) 657-8879
Fax: (916) 657-7243
Email: lkoretsky@dmv.ca.gov

BID FORM SPECIFICATIONS
Driver License/Identification Card Application, English
DL 44 (REV. 10/2008)

1.0 FORM NUMBER:
DL 44

2.0 QUANTITIES:
8,000,000 each / 200 per package = 40,000 packages

3.0 DELIVERY SCHEDULE:
The delivery dates, job numbers, quantities and serial number ranges are as follows:

DELIVERY DATE	JOB #	QUANTITY	SERIAL # RANGE
August 31, 2009	113268	1,400,000	B 59000001 – B 60400000
December 15, 2009	113270	2,400,000	B 60400001 – B 62800000
February 25, 2010	113271	4,200,000	B 62800001 – B 67000000
TOTAL		8,000,000	

NOTE: No overages allowed. DMV reserves the right to change copy 45 days before each scheduled delivery. The vendor is responsible for advising the DMV of the deadline to submit revisions for each production run in order to meet each delivery schedule.

4.0 SERIAL NUMBERS:
Sequence of numbers: **B 59000001 – B 67000000**

NOTE: No duplicate numbers will be accepted. The sequence of enumeration must also be uninterrupted. In the event of missing numbers, a separate packing list showing those missing numbers must be provided.

5.0 DESCRIPTION OF FORM:
Two-part, 8-1/2" x 14" unit set with 5/8" snapout stub at top.

5.1 PART 1:
DL 44 - Prints head to head, black ink both sides on 18 lb. white bond. Form to be printed with sequential bar-codes.

5.2 PART 2:
Voter Registration Card – DL 1995-MV HO. Prints head to foot on 24 # OCR Bond. The front of the form prints in black, warm red, and green OCR-S&JV-27975.

The back of the form prints in black and warm red ink. One vertical perforation 1/2" from the left side of form with perforations at 12/25 tpi. Sequential affidavit numbers to be printed in warm red ink in box 18 following preprinted prefix

BID FORM SPECIFICATIONS
Driver License/Identification Card Application, English
DL 44 (REV. 10/2008)

number. Numbers to be assigned by Secretary of State's office will be provided by DMV.

6.0 BAR-CODING:

Bar Coding on part 1 to be located in the top right corner of the form and produced per specifications outlined below. Vendor must have in place, and provide documentation to that effect, a system where by the bar codes are read at the press. The system will perform the following checks automatically:

- Compare the document number to all documents run during the life of the program to insure no duplicate numbers occur.
- Calculate and verify the check modules number.

6.1 ADDITIONAL BAR CODE SPECIFICATIONS:

Top Edge - 1 cm (13/32" or .394) from the top edge of the document to the top of the bar code.

Right Margin - 1 cm from the end of the bar code to the edge of the document.

Quiet Zone - The blank area to the right of the bar code and under the interpretation (human readable) line must be a minimum of 1/4". The top edge and right margin specifications (noted above) will serve as the quiet zones for said areas.

Bar Direction Skew - The code bars, elements (single bars or white spaces), must be perpendicular to the edge of the document, maximum degradation of 5 degrees.

Check Digit/Character - Must be determined using Modulo 7 D R.

Data Character Set (DCS) - Start character, nine digit sequential number (1-alpha, 8 numeric), check digit (7 D R), and stop character.

Intercharacter Gap - Must be 1 to 3 times the narrow element width.

Code Length - Medium density, approximately 4.5 - 5 characters per inch. Total length for DCS of 12 = 2 - 9/16" or 6.4 cm.

Code Height - 15% of code length (9.64 - 9.67 mm)

Human Readable Characters/Interpretation Line - Black ink (same as bar code), spaced one (1) mm below the bar code, in san serif font size of 11 points.

Wide to Narrow Element Ratio - The ratio must be a minimum of 2:1 and a maximum of 3:1. Note: The ratio must exceed 2.2:1 whenever the narrow element width is less than .020" (.50 mm)

BID FORM SPECIFICATIONS
Driver License/Identification Card Application, English
DL 44 (REV. 10/2008)

Minimum Reflectance Difference or Print Contrast Ratio - The reflectivity between black bars and white spaces must be 60% or greater.

Quality - No "specks" (ink in white spaces), "voids" (holes in black bars), rough edges, wavy bars, image shrinkage, spread or bleed through.

Code 39, mod 7 check D R system
(Alpha character not used for check digit calculations)

Bar height	9.67 mm
Clear number beneath barcode	2.05 mm
Space between bars and clear figure	1.00 mm
Overall height	12.72 mm

Barcode density ICS .4 CPI before inter character gap,
4.5 CPI including inter character gap.

6.2 BARCODE CONSTRUCTION CONSISTS OF:

One character	Start code
One character	Alpha character
Eight characters	Sequential numeric
One character	Check digit (D R) system
One character	Stop code

The check digit is calculated by taking the number (30661203) and dividing it by 7 (4380171.86), then multiplying the remainder (.86) x 7 = (6.02) and using the whole number (6).

Missing numbers are acceptable, but must be documented and supplied at delivery.

7.0 PROOFS AND BAR CODE TEST SAMPLES:

Electronic files will be provided for each printing (unless authorized to reprint a current version) by the DMV. Complete proofs (color proofs required on part II) must be submitted to the DMV for approval prior to print production. No PDF or faxed proofs will be accepted.

The vendor must also supply 50 bar code test samples on an actual DL 44 form in the correct position as noted in these specifications. These samples will be used to

test functionality of the bars code using DMV's Kodak Imagelink Microimager 70 and laser barcode scanners.

BID FORM SPECIFICATIONS
Driver License/Identification Card Application, English
DL 44 (REV. 10/2008)

DMV approval or rejection of bar code test samples provided by vendor will be completed with 48 hours of receipt of samples.

Approval of vendor supplied bars codes by the DMV will imply the bar codes printed on each form will be of the same quality and orientation on the printed form as the test samples provided by the vendor.

8.0 PACKAGE/PALLETIZING:

200 per cello wrap. The shipping cartons shall not exceed 40 pounds gross weight and the number of shrink wrapped packages per carton must remain the same throughout the entire order (each scheduled delivery). All cartons shall be marked and palletized such that all labels can be read without removal of cartons. The cartons shall be shipped on wooden pallets complying with State of California SIZE 2, TYPE 2, (42W x 42L).

The entire pallet is to be used end to end side to side. Cartons shall be reversed on each layer to interlocked cartons. The cartons shall be stacked to maximum height on pallets whenever possible, no more than sixty inches including the pallet. Pallets are to be plastic film wrapped. There shall be no slack space in carton.

Each delivery must have a packing slip. The packing slip must include the Requisition/Job number, DMV stock item number, quantity and bar code series ranges with each shipment. Each delivery must match the packing slip precisely.

The cartons shall be protected from cutting, crushing or breaking resulting from banding pressure. Do not stack more than one pallet high.

Labels: Shipping labels must use LARGE LEGIBLE LETTERING.

Cartons–Asterisks indicate data that must be included on pallet labels.	
* Item ID	DL 44
Stock Item Number	4-44
Form Title	Driver License/Identification Card Application
* Revision Date	10/2008
* Requisition Number	R9166
* Job Number	
* Quantity per Package	200
* Quantity per Box	1,000
Serial Number Range (each box)	
Production Run Date	
Pallets–Use lettering that can be easily read from 20 feet away.	
Total Quantity–This Delivery	
Cartons Per Pallet (Count)	

BID FORM SPECIFICATIONS
Driver License/Identification Card Application, English
DL 44 (REV. 10/2008)

Pallet Box Numbers	
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9.0 DELIVERY LOCATION & HOURS:

Department of Motor Vehicles
4201 Sierra Point Drive, # 112
Sacramento, CA 95834
(916) 928-7901

Receiving Hours
Monday through Friday
7:00 a.m. – 12:00 p.m.
1:00 p.m. – 3:00 p.m.

10.0 INQUIRIES AND PROOFS TO:

Laura Koretsky
Department of Motor Vehicles
2570 24th Street, MS G-202
Sacramento, CA 95818
Voice: (916) 657-8879
Fax: (916) 657-7243
Email: lkoretsky@dmv.ca.gov

BID FORM SPECIFICATIONS
Driver License/Identification Card Application, Korean
DL 44 K (REV. 10/2008)

1.0 FORM NUMBER:
DL 44 K

2.0 QUANTITIES:
38,750 each / 50 per package = 775 packages

3.0 DELIVERY SCHEDULE:
The delivery dates, job number, quantities and serial number ranges are as follows:

DELIVERY DATE	JOB #	QUANTITY	SERIAL # RANGE
December 15, 2009	113270	38,750	G 93166001 - G 93204750
TOTAL		38,750	

NOTE: No overages allowed. DMV reserves the right to change copy 45 days before each scheduled delivery. The vendor is responsible for advising the DMV of the deadline to submit revisions for each production run in order to meet each delivery schedule.

4.0 SERIAL NUMBERS:
Sequence of numbers : **G 93166001 - G 93204750**

NOTE: No duplicate numbers will be accepted. The sequence of enumeration must also be uninterrupted. In the event of missing numbers, a separate packing list showing those missing numbers must be provided.

5.0 DESCRIPTION OF FORM:
Two-part, 8-1/2" x 14" unit set with 5/8" snapout stub at top.

5.1 PART 1:
DL 44 K - Prints head to head, black ink both sides on 18 lb. white bond. Form to be printed with sequential bar-codes.

5.2 PART 2:
Voter Registration Card – DL 1995-MV HO. Prints head to foot on 24 # OCR Bond. The front of the form prints in black, warm red, and green OCR-S&JV-27975.

The back of the form prints in black and warm red ink. One vertical perforation 1/2" from the left side of form with perforations at 12/25 tpi. Sequential affidavit numbers to be printed in warm red ink in box 18 following preprinted prefix number. Numbers to be assigned by Secretary of State's office will be provided by DMV.

BID FORM SPECIFICATIONS
Driver License/Identification Card Application, Korean
DL 44 K (REV. 10/2008)

6.0 BAR-CODING:

Bar Coding on part 1 to be located in the top right corner of the form and produced per specifications outlined below. Vendor must have in place, and provide documentation to that effect, a system where by the bar codes are read at the press. The system will perform the following checks automatically:

- Compare the document number to all documents run during the life of the program to insure no duplicate numbers occur.
- Calculate and verify the check modules number.

6.1 ADDITIONAL BAR CODE SPECIFICATIONS:

Top Edge - 1 cm (13/32" or .394) from the top edge of the document to the top of the bar code.

Right Margin - 1 cm from the end of the bar code to the edge of the document.

Quiet Zone - The blank area to the right of the bar code and under the interpretation (human readable) line must be a minimum of 1/4". The top edge and right margin specifications (noted above) will serve as the quiet zones for said areas.

Bar Direction Skew - The code bars, elements (single bars or white spaces), must be perpendicular to the edge of the document, maximum degradation of 5 degrees.

Check Digit/Character - Must be determined using Modulo 7 D R.

Data Character Set (DCS) - Start character, nine digit sequential number (1-alpha, 8 numeric), check digit (7 D R), and stop character.

Intercharacter Gap - Must be 1 to 3 times the narrow element width.

Code Length - Medium density, approximately 4.5 - 5 characters per inch. Total length for DCS of 12 = 2 - 9/16" or 6.4 cm.

Code Height - 15% of code length (9.64 - 9.67 mm)

Human Readable Characters/Interpretation Line - Black ink (same as bar code), spaced one (1) mm below the bar code, in san serif font size of 11 points.

Wide to Narrow Element Ratio - The ratio must be a minimum of 2:1 and a maximum of 3:1. Note: The ratio must exceed 2.2:1 whenever the narrow element width is less than .020" (.50 mm)

Minimum Reflectance Difference or Print Contrast Ratio - The reflectivity between black bars and white spaces must be 60% or greater.

BID FORM SPECIFICATIONS
Driver License/Identification Card Application, Korean
DL 44 K (REV. 10/2008)

Quality - No "specks" (ink in white spaces), "voids" (holes in black bars), rough edges, wavy bars, image shrinkage, spread or bleed through.

Code 39, mod 7 check D R system
(Alpha character not used for check digit calculations)

Bar height	9.67 mm
Clear number beneath barcode	2.05 mm
Space between bars and clear figure	1.00 mm
Overall height	12.72 mm

Barcode density ICS .4 CPI before inter character gap,
4.5 CPI including inter character gap.

6.2 BARCODE CONSTRUCTION CONSISTS OF:

One character	Start code
One character	Alpha character
Eight characters	Sequential numeric
One character	Check digit (D R) system
One character	Stop code

The check digit is calculated by taking the number (30661203) and dividing it by 7 (4380171.86), then multiplying the remainder (.86) x 7 = (6.02) and using the whole number (6).

Missing numbers are acceptable, but must be documented and supplied at delivery.

7.0 PROOFS AND BAR CODE TEST SAMPLES:

Electronic files will be provided for each printing (unless authorized to reprint a current version) by the DMV. Complete proofs (color proofs required on part II) must be submitted to the DMV for approval prior to print production. No PDF or faxed proofs will be accepted.

The vendor must also supply 50 bar code test samples on an actual DL 44 form in the correct position as noted in these specifications. These samples will be used to test functionality of the bars code using DMV's Kodak Imagelink Microimager 70 and laser barcode scanners.

DMV approval or rejection of bar code test samples provided by vendor will be completed with 48 hours of receipt of samples.

BID FORM SPECIFICATIONS
Driver License/Identification Card Application, Korean
DL 44 K (REV. 10/2008)

Approval of vendor supplied bars codes by the DMV will imply the bar codes printed on each form will be of the same quality and orientation on the printed form as the test samples provided by the vendor.

8.0 PACKAGE/PALLETIZING:

50 per cello wrap. The shipping cartons shall not exceed 40 pounds gross weight and the number of shrink wrapped packages per carton must remain the same throughout the entire order (each scheduled delivery). All cartons shall be marked and palletized such that all labels can be read without removal of cartons. The cartons shall be shipped on wooden pallets complying with State of California SIZE 2, TYPE 2, (42W x 42L).

The entire pallet is to be used end to end side to side. Cartons shall be reversed on each layer to interlocked cartons. The cartons shall be stacked to maximum height on pallets whenever possible, no more than sixty inches including the pallet. Pallets are to be plastic film wrapped. There shall be no slack space in carton.

Each delivery must have a packing slip. The packing slip must include the Requisition/Job number, DMV stock item number, quantity and bar code series ranges with each shipment. Each delivery must match the packing slip precisely.

The cartons shall be protected from cutting, crushing or breaking resulting from banding pressure. Do not stack more than one pallet high.

Labels: Shipping labels must use LARGE LEGIBLE LETTERING.

Cartons–Asterisks indicate data that must be included on pallet labels.	
* Item ID	DL 44 K
Stock Item Number	4-44 K
Form Title	Driver License/Identification Card Application, Korean
* Revision Date	10/2008
* Requisition Number	R9166
* Job Number	
* Quantity per Package	50
* Quantity per Box	1,000
Serial Number Range (each box)	
Production Run Date	
Pallets–Use lettering that can be easily read from 20 feet away.	
Total Quantity–This Delivery	
Cartons Per Pallet (Count)	
Pallet Box Numbers	

9.0 DELIVERY LOCATION & HOURS:

Department of Motor Vehicles

Receiving Hours

BID FORM SPECIFICATIONS
Driver License/Identification Card Application, Korean
DL 44 K (REV. 10/2008)

4201 Sierra Point Drive, # 112
Sacramento, CA 95834
(916) 928-7901

Monday through Friday
7:00 a.m. – 12:00 p.m.
1:00 p.m. – 3:00 p.m.

10.0 INQUIRIES AND PROOFS TO:

Laura Koretsky
Department of Motor Vehicles
2570 24th Street, MS G-202
Sacramento, CA 95818
Voice: (916) 657-8879
Fax: (916) 657-7243
Email: lkoretsky@dmv.ca.gov

BID FORM SPECIFICATIONS
Driver License/Identification Card Application, Spanish
DL 44 SP (REV. 10/2008)

1.0 FORM NUMBER:
DL 44 SP

2.0 QUANTITIES:
2,100,000 each / 200 per package = 10,500 packages

3.0 DELIVERY SCHEDULE:
The delivery dates, job numbers, quantities and serial number ranges are as follows:

DELIVERY DATE	JOB#	QUANTITY	SERIAL # RANGE
December 15, 2009	113270	600,000	G 55460001 – G 56060000
February 25, 2010	113271	1,500,000	G 56060001 – G 57560000
TOTAL		2,100,000	

NOTE: No overages allowed. DMV reserves the right to change copy 45 days before each scheduled delivery. The vendor is responsible for advising the DMV of the deadline to submit revisions for each production run in order to meet each delivery schedule.

4.0 SERIAL NUMBERS:
Sequence of numbers: **G 55460001 – G 57560000**

NOTE: No duplicate numbers will be accepted. The sequence of enumeration must also be uninterrupted. In the event of missing numbers, a separate packing list showing those missing numbers must be provided.

5.0 DESCRIPTION OF FORM:
Two-part, 8-1/2" x 14" unit set with 5/8" snapout stub at top.

5.1 PART 1:
DL 44 SP - Prints head to head, black ink both sides on 18 lb. white bond. Form to be printed with sequential bar-codes.

5.2 PART 2:
Voter Registration Card – DL 1995-MV HO. Prints head to foot on 24 # OCR Bond. The front of the form prints in black, warm red, and green OCR-S&JV-27975.

The back of the form prints in black and warm red ink. One vertical perforation 1/2" from the left side of form with perforations at 12/25 tpi. Sequential affidavit numbers to be printed in warm red ink in box 18 following preprinted prefix

BID FORM SPECIFICATIONS
Driver License/Identification Card Application, Spanish
DL 44 SP (REV. 10/2008)

number. Numbers to be assigned by Secretary of State's office will be provided by DMV.

6.0 BAR-CODING:

Bar Coding on part 1 to be located in the top right corner of the form and produced per specifications outlined below. Vendor must have in place, and provide documentation to that effect, a system where by the bar codes are read at the press. The system will perform the following checks automatically:

- Compare the document number to all documents run during the life of the program to insure no duplicate numbers occur.
- Calculate and verify the check modules number.

6.1 ADDITIONAL BAR CODE SPECIFICATIONS:

Top Edge - 1 cm (13/32" or .394) from the top edge of the document to the top of the bar code.

Right Margin - 1 cm from the end of the bar code to the edge of the document.

Quiet Zone - The blank area to the right of the bar code and under the interpretation (human readable) line must be a minimum of 1/4". The top edge and right margin specifications (noted above) will serve as the quiet zones for said areas.

Bar Direction Skew - The code bars, elements (single bars or white spaces), must be perpendicular to the edge of the document, maximum degradation of 5 degrees.

Check Digit/Character - Must be determined using Modulo 7 D R.

Data Character Set (DCS) - Start character, nine digit sequential number (1-alpha, 8 numeric), check digit (7 D R), and stop character.

Intercharacter Gap - Must be 1 to 3 times the narrow element width.

Code Length - Medium density, approximately 4.5 - 5 characters per inch. Total length for DCS of 12 = 2 - 9/16" or 6.4 cm.

Code Height - 15% of code length (9.64 - 9.67 mm)

Human Readable Characters/Interpretation Line - Black ink (same as bar code), spaced one (1) mm below the bar code, in san serif font size of 11 points.

Wide to Narrow Element Ratio - The ratio must be a minimum of 2:1 and a maximum of 3:1. Note: The ratio must exceed 2.2:1 whenever the narrow element width is less than .020" (.50 mm)

BID FORM SPECIFICATIONS
Driver License/Identification Card Application, Spanish
DL 44 SP (REV. 10/2008)

Minimum Reflectance Difference or Print Contrast Ratio - The reflectivity between black bars and white spaces must be 60% or greater.

Quality - No "specks" (ink in white spaces), "voids" (holes in black bars), rough edges, wavy bars, image shrinkage, spread or bleed through.

Code 39, mod 7 check D R system
(Alpha character not used for check digit calculations)

Bar height	9.67 mm
Clear number beneath barcode	2.05 mm
Space between bars and clear figure	1.00 mm
Overall height	12.72 mm

Barcode density ICS .4 CPI before inter character gap,
4.5 CPI including inter character gap.

6.2 BARCODE CONSTRUCTION CONSISTS OF:

One character	Start code
One character	Alpha character
Eight characters	Sequential numeric
One character	Check digit (D R) system
One character	Stop code

The check digit is calculated by taking the number (30661203) and dividing it by 7 (4380171.86), then multiplying the remainder (.86) x 7 = (6.02) and using the whole number (6).

Missing numbers are acceptable, but must be documented and supplied at delivery.

7.0 PROOFS AND BAR CODE TEST SAMPLES:

Electronic files will be provided for each printing (unless authorized to reprint a current version) by the DMV. Complete proofs (color proofs required on part II) must be submitted to the DMV for approval prior to print production. No PDF or faxed proofs will be accepted.

The vendor must also supply 50 bar code test samples on an actual DL 44 form in the correct position as noted in these specifications. These samples will be used to test functionality of the bars code using DMV's Kodak Imagelink Microimager 70 and laser barcode scanners.

BID FORM SPECIFICATIONS
Driver License/Identification Card Application, Spanish
DL 44 SP (REV. 10/2008)

DMV approval or rejection of bar code test samples provided by vendor will be completed with 48 hours of receipt of samples.

Approval of vendor supplied bars codes by the DMV will imply the bar codes printed on each form will be of the same quality and orientation on the printed form as the test samples provided by the vendor.

8.0 PACKAGE/PALLETIZING:

200 per cello wrap. The shipping cartons shall not exceed 40 pounds gross weight and the number of shrink wrapped packages per carton must remain the same throughout the entire order (each scheduled delivery). All cartons shall be marked and palletized such that all labels can be read without removal of cartons. The cartons shall be shipped on wooden pallets complying with State of California SIZE 2, TYPE 2, (42W x 42L).

The entire pallet is to be used end to end side to side. Cartons shall be reversed on each layer to interlocked cartons. The cartons shall be stacked to maximum height on pallets whenever possible, no more than sixty inches including the pallet. Pallets are to be plastic film wrapped. There shall be no slack space in carton.

Each delivery must have a packing slip. The packing slip must include the Requisition/Job number, DMV stock item number, quantity and bar code series ranges with each shipment. Each delivery must match the packing slip precisely.

The cartons shall be protected from cutting, crushing or breaking resulting from banding pressure. Do not stack more than one pallet high.

Labels: Shipping labels must use LARGE LEGIBLE LETTERING.

Cartons–Asterisks indicate data that must be included on pallet labels.	
* Item ID	DL 44 SP
Stock Item Number	4-44 SP
Form Title	Driver License/Identification Card Application, Spanish
* Revision Date	10/2008
* Requisition Number	R9166
* Job Number	
* Quantity per Package	200
* Quantity per Box	1,000
Serial Number Range (each box)	
Production Run Date	
Pallets–Use lettering that can be easily read from 20 feet away.	
Total Quantity–This Delivery	
Cartons Per Pallet (Count)	
Pallet Box Numbers	

BID FORM SPECIFICATIONS
Driver License/Identification Card Application, Spanish
DL 44 SP (REV. 10/2008)

9.0 DELIVERY LOCATION & HOURS:

Department of Motor Vehicles
4201 Sierra Point Drive, # 112
Sacramento, CA 95834
(916) 928-7901

Receiving Hours
Monday through Friday
7:00 a.m. – 12:00 p.m.
1:00 p.m. – 3:00 p.m.

10.0 INQUIRIES AND PROOFS TO:

Laura Koretsky
Department of Motor Vehicles
2570 24th Street, MS G-202
Sacramento, CA 95818
Voice: (916) 657-8879
Fax: (916) 657-7243
Email: lkoretsky@dmv.ca.gov

BID FORM SPECIFICATIONS
Driver License/Identification Card Application, Tagalog
DL 44 T (REV. 10/2008)

1.0 FORM NUMBER:
DL 44 T

2.0 QUANTITIES:
23,000 each / 50 per package = 460 packages

3.0 DELIVERY SCHEDULE:
The delivery dates, job numbers, quantities and serial number ranges are as follows:

DELIVERY DATE	JOB #	QUANTITY	SERIAL # RANGE
December 15, 2009	113270	23,000	G 96088001 - G 96111000
TOTAL		23,000	

NOTE: No overages allowed. DMV reserves the right to change copy 45 days before each scheduled delivery. The vendor is responsible for advising the DMV of the deadline to submit revisions for each production run in order to meet each delivery schedule.

4.0 SERIAL NUMBERS:
Sequence of numbers: **G 96088001 - G 96111000**

NOTE: No duplicate numbers will be accepted. The sequence of enumeration must also be uninterrupted. In the event of missing numbers, a separate packing list showing those missing numbers must be provided.

5.0 DESCRIPTION OF FORM:
Two-part, 8-1/2" x 14" unit set with 5/8" snapout stub at top.

5.1 PART 1:
DL 44 T - Prints head to head, black ink both sides on 18 lb. white bond. Form to be printed with sequential bar-codes.

5.2 PART 2:
Voter Registration Card – DL 1995-MV HO. Prints head to foot on 24 # OCR Bond. The front of the form prints in black, warm red, and green OCR-S&JV-27975.

The back of the form prints in black and warm red ink. One vertical perforation 1/2" from the left side of form with perforations at 12/25 tpi. Sequential affidavit numbers to be printed in warm red ink in box 18 following preprinted prefix number. Numbers to be assigned by Secretary of State's office will be provided by DMV.

BID FORM SPECIFICATIONS
Driver License/Identification Card Application, Tagalog
DL 44 T (REV. 10/2008)

6.0 BAR-CODING:

Bar Coding on part 1 to be located in the top right corner of the form and produced per specifications outlined below. Vendor must have in place, and provide documentation to that effect, a system where by the bar codes are read at the press. The system will perform the following checks automatically:

- Compare the document number to all documents run during the life of the program to insure no duplicate numbers occur.
- Calculate and verify the check modules number.

6.1 ADDITIONAL BAR CODE SPECIFICATIONS:

Top Edge - 1 cm (13/32" or .394) from the top edge of the document to the top of the bar code.

Right Margin - 1 cm from the end of the bar code to the edge of the document.

Quiet Zone - The blank area to the right of the bar code and under the interpretation (human readable) line must be a minimum of 1/4". The top edge and right margin specifications (noted above) will serve as the quiet zones for said areas.

Bar Direction Skew - The code bars, elements (single bars or white spaces), must be perpendicular to the edge of the document, maximum degradation of 5 degrees.

Check Digit/Character - Must be determined using Modulo 7 D R.

Data Character Set (DCS) - Start character, nine digit sequential number (1-alpha, 8 numeric), check digit (7 D R), and stop character.

Intercharacter Gap - Must be 1 to 3 times the narrow element width.

Code Length - Medium density, approximately 4.5 - 5 characters per inch. Total length for DCS of 12 = 2 - 9/16" or 6.4 cm.

Code Height - 15% of code length (9.64 - 9.67 mm)

Human Readable Characters/Interpretation Line - Black ink (same as bar code), spaced one (1) mm below the bar code, in san serif font size of 11 points.

Wide to Narrow Element Ratio - The ratio must be a minimum of 2:1 and a maximum of 3:1. Note: The ratio must exceed 2.2:1 whenever the narrow element width is less than .020" (.50 mm)

BID FORM SPECIFICATIONS
Driver License/Identification Card Application, Tagalog
DL 44 T (REV. 10/2008)

Minimum Reflectance Difference or Print Contrast Ratio - The reflectivity between black bars and white spaces must be 60% or greater.

Quality - No "specks" (ink in white spaces), "voids" (holes in black bars), rough edges, wavy bars, image shrinkage, spread or bleed through.

Code 39, mod 7 check D R system
(Alpha character not used for check digit calculations)

Bar height	9.67 mm
Clear number beneath barcode	2.05 mm
Space between bars and clear figure	1.00 mm
Overall height	12.72 mm

Barcode density ICS .4 CPI before inter character gap,
4.5 CPI including inter character gap.

6.2 BARCODE CONSTRUCTION CONSISTS OF:

One character	Start code
One character	Alpha character
Eight characters	Sequential numeric
One character	Check digit (D R) system
One character	Stop code

The check digit is calculated by taking the number (30661203) and dividing it by 7 (4380171.86), then multiplying the remainder (.86) x 7 = (6.02) and using the whole number (6).

Missing numbers are acceptable, but must be documented and supplied at delivery.

7.0 PROOFS AND BAR CODE TEST SAMPLES:

Electronic files will be provided for each printing (unless authorized to reprint a current version) by the DMV. Complete proofs (color proofs required on part II) must be submitted to the DMV for approval prior to print production. No PDF or faxed proofs will be accepted.

The vendor must also supply 50 bar code test samples on an actual DL 44 form in the correct position as noted in these specifications. These samples will be used to test functionality of the bars code using DMV's Kodak Imagelink Microimager 70 and laser barcode scanners.

DMV approval or rejection of bar code test samples provided by vendor will be completed with 48 hours of receipt of samples.

BID FORM SPECIFICATIONS
Driver License/Identification Card Application, Tagalog
DL 44 T (REV. 10/2008)

Approval of vendor supplied bars codes by the DMV will imply the bar codes printed on each form will be of the same quality and orientation on the printed form as the test samples provided by the vendor.

8.0 PACKAGE/PALLETIZING:

50 per cello wrap. The shipping cartons shall not exceed 40 pounds gross weight and the number of shrink wrapped packages per carton must remain the same throughout the entire order (each scheduled delivery). All cartons shall be marked and palletized such that all labels can be read without removal of cartons. The cartons shall be shipped on wooden pallets complying with State of California SIZE 2, TYPE 2, (42W x 42L).

The entire pallet is to be used end to end side to side. Cartons shall be reversed on each layer to interlocked cartons. The cartons shall be stacked to maximum height on pallets whenever possible, no more than sixty inches including the pallet. Pallets are to be plastic film wrapped. There shall be no slack space in carton.

Each delivery must have a packing slip. The packing slip must include the Requisition/Job number, DMV stock item number, quantity and bar code series ranges with each shipment. Each delivery must match the packing slip precisely.

The cartons shall be protected from cutting, crushing or breaking resulting from banding pressure. Do not stack more than one pallet high.

Labels: Shipping labels must use LARGE LEGIBLE LETTERING.

Cartons–Asterisks indicate data that must be included on pallet labels.	
* Item ID	DL 44 T
Stock Item Number	4-44 T
Form Title	Driver License/Identification Card Application, Tagalog
* Revision Date	10/2008
* Requisition Number	R9166
* Job Number	
* Quantity per Package	50
* Quantity per Box	1,000
Serial Number Range (each box)	
Production Run Date	
Pallets–Use lettering that can be easily read from 20 feet away.	
Total Quantity–This Delivery	
Cartons Per Pallet (Count)	
Pallet Box Numbers	

9.0 DELIVERY LOCATION & HOURS:

BID FORM SPECIFICATIONS
Driver License/Identification Card Application, Tagalog
DL 44 T (REV. 10/2008)

Department of Motor Vehicles
4201 Sierra Point Drive, # 112
Sacramento, CA 95834
(916) 928-7901

Receiving Hours
Monday through Friday
7:00 a.m. – 12:00 p.m.
1:00 p.m. – 3:00 p.m.

10.0 INQUIRIES AND PROOFS TO:

Laura Koretsky
Department of Motor Vehicles
2570 24th Street, MS G-202
Sacramento, CA 95818
Voice: (916) 657-8879
Fax: (916) 657-7243
Email: lkoretsky@dmv.ca.gov

BID FORM SPECIFICATIONS
Driver License/Identification Card Application, Vietnamese
DL 44 V (10/2008)

1.0 FORM NUMBER:
DL 44 V

2.0 QUANTITIES:
28,000 each / 50 per package = 560 packages

3.0 DELIVERY SCHEDULE:
The delivery dates, quantities and serial number ranges are as follows:

DELIVERY DATE	JOB #	QUANTITY	SERIAL # RANGE
September 30, 2009	113269	10,000	G 95166001 – G 95176000
December 15, 2009	113270	18,000	G 95176001 – G 95194000
TOTAL		18,000	

NOTE: No overages allowed. DMV reserves the right to change copy 45 days before each scheduled delivery. The vendor is responsible for advising the DMV of the deadline to submit revisions for each production run in order to meet each delivery schedule.

4.0 SERIAL NUMBERS:
Sequence of numbers: **G 95166001 – G 95194000**

NOTE: No duplicate numbers will be accepted. The sequence of enumeration must also be uninterrupted. In the event of missing numbers, a separate packing list showing those missing numbers must be provided.

5.0 DESCRIPTION OF FORM:
Two-part, 8-1/2" x 14" unit set with 5/8" snapout stub at top.

5.1 PART 1:
DL 44 V - Prints head to head, black ink both sides on 18 lb. white bond. Form to be printed with sequential bar-codes.

5.2 PART 2:
Voter Registration Card – DL 1995-MV HO. Prints head to foot on 24 # OCR Bond. The front of the form prints in black, warm red, and green OCR-S&JV-27975.

The back of the form prints in black and warm red ink. One vertical perforation 1/2" from the left side of form with perforations at 12/25 tpi. Sequential affidavit numbers to be printed in warm red ink in box 18 following preprinted prefix number. Numbers to be assigned by Secretary of State's office will be provided by DMV.

BID FORM SPECIFICATIONS
Driver License/Identification Card Application, Vietnamese
DL 44 V (10/2008)

6.0 BAR-CODING:

Bar Coding on part 1 to be located in the top right corner of the form and produced per specifications outlined below. Vendor must have in place, and provide documentation to that effect, a system where by the bar codes are read at the press. The system will perform the following checks automatically:

- Compare the document number to all documents run during the life of the program to insure no duplicate numbers occur.
- Calculate and verify the check modules number.

6.1 ADDITIONAL BAR CODE SPECIFICATIONS:

Top Edge - 1 cm (13/32" or .394) from the top edge of the document to the top of the bar code.

Right Margin - 1 cm from the end of the bar code to the edge of the document.

Quiet Zone - The blank area to the right of the bar code and under the interpretation (human readable) line must be a minimum of 1/4". The top edge and right margin specifications (noted above) will serve as the quiet zones for said areas.

Bar Direction Skew - The code bars, elements (single bars or white spaces), must be perpendicular to the edge of the document, maximum degradation of 5 degrees.

Check Digit/Character - Must be determined using Modulo 7 D R.

Data Character Set (DCS) - Start character, nine digit sequential number (1-alpha, 8 numeric), check digit (7 D R), and stop character.

Intercharacter Gap - Must be 1 to 3 times the narrow element width.

Code Length - Medium density, approximately 4.5 - 5 characters per inch. Total length for DCS of 12 = 2 - 9/16" or 6.4 cm.

Code Height - 15% of code length (9.64 - 9.67 mm)

Human Readable Characters/Interpretation Line - Black ink (same as bar code), spaced one (1) mm below the bar code, in san serif font size of 11 points.

Wide to Narrow Element Ratio - The ratio must be a minimum of 2:1 and a maximum of 3:1. Note: The ratio must exceed 2.2:1 whenever the narrow element width is less than .020" (.50 mm)

BID FORM SPECIFICATIONS
Driver License/Identification Card Application, Vietnamese
DL 44 V (10/2008)

Minimum Reflectance Difference or Print Contrast Ratio - The reflectivity between black bars and white spaces must be 60% or greater.

Quality - No "specks" (ink in white spaces), "voids" (holes in black bars), rough edges, wavy bars, image shrinkage, spread or bleed through.

Code 39, mod 7 check D R system
(Alpha character not used for check digit calculations)

Bar height	9.67 mm
Clear number beneath barcode	2.05 mm
Space between bars and clear figure	1.00 mm
Overall height	12.72 mm

Barcode density ICS .4 CPI before inter character gap,
4.5 CPI including inter character gap.

6.2 BARCODE CONSTRUCTION CONSISTS OF:

One character	Start code
One character	Alpha character
Eight characters	Sequential numeric
One character	Check digit (D R) system
One character	Stop code

The check digit is calculated by taking the number (30661203) and dividing it by 7 (4380171.86), then multiplying the remainder (.86) x 7 = (6.02) and using the whole number (6).

Missing numbers are acceptable, but must be documented and supplied at delivery.

7.0 PROOFS AND BAR CODE TEST SAMPLES:

Electronic files will be provided for each printing (unless authorized to reprint a current version) by the DMV. Complete proofs (color proofs required on part II) must be submitted to the DMV for approval prior to print production. No PDF or faxed proofs will be accepted.

The vendor must also supply 50 bar code test samples on an actual DL 44 form in the correct position as noted in these specifications. These samples will be used to test functionality of the bars code using DMV's Kodak Imagelink Microimager 70 and laser barcode scanners.

DMV approval or rejection of bar code test samples provided by vendor will be completed with 48 hours of receipt of samples.

BID FORM SPECIFICATIONS
Driver License/Identification Card Application, Vietnamese
DL 44 V (10/2008)

Approval of vendor supplied bars codes by the DMV will imply the bar codes printed on each form will be of the same quality and orientation on the printed form as the test samples provided by the vendor.

8.0 PACKAGE/PALLETIZING:

50 per cello wrap. The shipping cartons shall not exceed 40 pounds gross weight and the number of shrink wrapped packages per carton must remain the same throughout the entire order (each scheduled delivery). All cartons shall be marked and palletized such that all labels can be read without removal of cartons. The cartons shall be shipped on wooden pallets complying with State of California SIZE 2, TYPE 2, (42W x 42L).

The entire pallet is to be used end to end side to side. Cartons shall be reversed on each layer to interlocked cartons. The cartons shall be stacked to maximum height on pallets whenever possible, no more than sixty inches including the pallet. Pallets are to be plastic film wrapped. There shall be no slack space in carton.

Each delivery must have a packing slip. The packing slip must include the Requisition/Job number, DMV stock item number, quantity and bar code series ranges with each shipment. Each delivery must match the packing slip precisely.

The cartons shall be protected from cutting, crushing or breaking resulting from banding pressure. Do not stack more than one pallet high.

Labels: Shipping labels must use LARGE LEGIBLE LETTERING.

Cartons–Asterisks indicate data that must be included on pallet labels.	
* Item ID	DL 44 V
Stock Item Number	4-44 V
Form Title	Driver License/Identification Card Application, Viet.
* Revision Date	10/2008
* Requisition Number	R9166
* Quantity per Package	50
* Quantity per Box	1,000
Serial Number Range (each box)	
Production Run Date	
Pallets–Use lettering that can be easily read from 20 feet away.	
Total Quantity–This Delivery	
Cartons Per Pallet (Count)	
Pallet Box Numbers	

BID FORM SPECIFICATIONS
Driver License/Identification Card Application, Vietnamese
DL 44 V (10/2008)

9.0 DELIVERY LOCATION & HOURS:

Department of Motor Vehicles
4201 Sierra Point Drive, # 112
Sacramento, CA 95834
(916) 928-7901

Receiving Hours
Monday through Friday
7:00 a.m. – 12:00 p.m.
1:00 p.m. – 3:00 p.m.

10.0 INQUIRIES AND PROOFS TO:

Laura Koretsky
Department of Motor Vehicles
2570 24th Street, MS G-202
Sacramento, CA 95818
Voice: (916) 657-8879
Fax: (916) 657-7243
Email: lkoretsky@dmv.ca.gov

California Voter Registration Form

- ✓

If you do not wish to register to vote, your decision will remain confidential and will be used only for voter registration purposes.
- ✓

If you wish to register to vote, the office where you registered will remain confidential and will be used only for voter registration purposes.

New address, but same county?

If you missed the deadline to re-register, you may still be able to vote. Contact your county elections office.

The Secretary of State and some counties have information in other languages.

Want to vote by mail for the next election?

Your county elections office must receive your written request at least **7 days** before the election.

Safe At Home

If registering to vote may put you in life-threatening danger, the Secretary of State can keep your information private. Contact the **Safe At Home** program: www.sos.ca.gov.

The law protects your voter registration information against commercial use. Report any problems to the Secretary of State's Voter Hotline: (800) 345-8683

DL 44 (Rev. 10/08)

OSP 08 109981

California Voter Registration Form

Formulario de inscripción de votantes de California

- ✓ If you do not wish to register to vote, your decision will remain confidential and will be used only for voter registration purposes.
- ✓ If you wish to register to vote, the office where you registered will remain confidential and will be used only for voter registration purposes.
- ✓ Si Ud. no desea registrarse para votar, su decisión permanecerá confidencial y únicamente se usará con propósitos de empadronamiento de votantes.
- ✓ Si Ud. desea registrarse para votar, su decisión permanecerá confidencial y únicamente se usará con propósitos de empadronamiento de votantes.

New address, but same county?

If you missed the deadline to re-register, you may still be able to vote. Contact your county elections office.

Want to vote by mail for the next election?

Your county elections office must receive your written request at least **7 days** before the election.

Safe At Home

*If registering to vote may put you in life-threatening danger, the Secretary of State can keep your information private. Contact the **Safe At Home** program: www.sos.ca.gov.*

The Secretary of State and some counties have information in other languages.

Go to: www.sos.ca.gov, or call:

Español: 1-800-232-VOTA (8682)
中文: 1-800-339-2857
Việt ngữ: 1-800-339-8163
한국어: 1-866-575-1558
Tagalog: 1-800-339-2957
日本語: 1-800-339-2865

Español: 1-800-232-VOTA (8682)
中文: 1-800-339-2857
Việt ngữ: 1-800-339-8163
한국어: 1-866-575-1558
Tagalog: 1-800-339-2957
日本語: 1-800-339-2865

Visite: www.sos.ca.gov, o llame al:

La Secretaría de Estado y *algunos* condados tienen disponible información en otros idiomas.

(*Safe At Home*): www.sos.ca.gov.

Si inscribirse para votar lo pone en peligro, la Secretaría de Estado puede mantener la confidencialidad de su información de votante.

*Póngase en contacto con el programa **Hogar Seguro***

Hogar Seguro

por escrito al menos **7 días** antes de la elección.

¿Quiere votar por correo la próxima elección?

La oficina electoral del condado debe recibir su solicitud por escrito al menos **7 días** antes de la elección.

¿Nueva dirección pero el mismo condado?

Aunque haya pasado la fecha límite para reinscribirse, usted podría votar. Comuníquese con la oficina electoral del condado.



CALIFORNIA VOTER REGISTRATION FORM



Fill out this form if you are a new voter, have moved or changed your name, or want to change your political party choice. You must be a U.S. citizen and at least 18 years old by the next election to use this form. Use blue or black ink. Print clearly.

1

Your legal name:

First name

Middle name

2

Last name

3

Optional

☐ Mr.

☐ Mrs.

☐ Ms.

☐ Miss

4

Home address – not a P.O. Box or business address – (Number, Street, Ave., Drive, etc. Include N, S, E, W)

Apt or unit #

5

City

State

Zip

California county

C

A

6

If you do not have a street address, describe where you live (Cross streets, Route, N, S, E, W)

7

Mailing address – if different from above, or P.O. Box

8

City

State

Zip

Foreign country

9

Date of birth

U.S. state or foreign country of birth

M

M

D

D

1

9

Y

Y

10

11

CA driver's license or CA ID card #

If you do not have a CA driver's license or ID card, list the last 4 numbers of your Social Security Number, if you have one.

SSN (Last 4 numbers)

12

Email (optional)

Phone number (optional)

13

Phone numbers are posted at polling places on election day.

14

Do you want to register with a political party?

Yes, I want to register with a political party (check one):

☐ American Independent Party

☐ Green Party

☐ Peace and Freedom Party

☐ Republican Party

☐ Democratic Party

☐ Libertarian Party

☐ Other party (specify):

No, I don't want to register with a political party.

(If you check this box, you may not be able to vote for some parties' candidates in primary elections.)

15

To receive a vote-by-mail ballot in all elections, initial here:

16

If you were registered to vote before, fill out below:

First name

Middle initial

Last name

Previous address where you were registered

City

State

Zip

Previous county

Political party (if any)

17

Are you a U.S. citizen?

Yes

No

Will you be 18 or older by the next election?

Yes

No

A "No" answer to either question means you CANNOT register to vote.

18

Read and sign below.

I am a U.S. citizen and will be at least 18 years old on election day. I am not in prison or on parole for a felony. I understand that it is a crime to intentionally provide incorrect information on this form. I declare under penalty of perjury under the laws of the State of California that the information on this form is true and correct.

Voter Signature

Month

Day

Year

70

HS

130001

Important! To vote in the next election, you **must** mail or deliver this card at least **15 days** before the next election. New voters who register by mail may have to show their ID at the polling place the first time they vote.

Optional

A. ☐ Check here if you can be a poll worker.

(If bilingual, indicate language:)

☐ Check here if you can provide a polling place on election day.

B. Your ethnicity/race:

C. Check your language preference: ☐ English ☐ Spanish ☐ Chinese ☐ Vietnamese ☐ Korean ☐ Tagalog ☐ Japanese ☐ Vietnamese ☐ Tagalog ☐ Japanese

Did someone help you fill out or deliver this form?

If yes, the person who helped you must fill out and sign below.

Signature

Month

Day

Year

Name:

Org. name, address, and tel. (if any):

Questions, problems or to report fraud:

Contact the Secretary of State.
Call: 1-800-345-VOTE (8683)
Email: elections@sos.ca.gov
Web site: www.sos.ca.gov
Or contact your county elections office.



公共服務機構

駕駛執照或身份證申請表格

DO NOT DUPLICATE

1

您來訪的目的：請勾選 ☒ 所有適當選項（方框）。**必須工整填寫，並且祇可使用黑色或藍色墨水筆。**
請閱讀此表格正反兩面的全部資訊。

駕駛執照（駕照）
☐ 首次申領駕照/駕駛許可證 ☐ 取消限制
☐ 更新 ☐ 變更/增加類別
☐ 補發執照
____ 遺失 ____ 被盜
請填妥第2至第8部份。

身份證 (ID)
☐ 首次申領身份證/更新
☐ 老年人身份證/更新（年滿62歲或以上）
☐ 換發執照
____ 遺失 ____ 被盜
僅填寫第2、3、5A、6及7部份。

姓名變更/更正
☐ 駕照
☐ 身份證
僅填寫第2、3、5、6及7部份。

FOR DMV USE ONLY

BD/LP Code _____
State/Country _____
DOCUMENT# _____
Review: Primary _____
Secondary Tech ID/Date _____

2

請提供以下資訊：
備注：您必須使用真實全名。可能會要求您提供文件真本。請參考《加利福尼亞駕駛手冊》。

駕駛執照或身份證號碼

州或國家

失效期
月 日 年

出生日期
月 日 年

社會安全號碼
- -

名

中間名

姓

姓名尾稱 (Jr., Sr., III)

郵寄地址、信箱或私人郵箱（包括信箱號碼、街道名、路名、道名等）、門牌號碼、街道名稱、公寓/單元號碼、市、州、郵遞區號

居住地地址（若與郵寄地址不同則需填寫）門牌號碼、街道名稱、公寓/單元號碼、市、州、郵遞區號

性別
☐ 男 ☐ 女

頭髮顏色

眼睛顏色

身高

體重

3

如果您 不符合社會安全號碼申請資格，才需填寫此欄：

特此證實，本人未曾獲得過任何社會安全號碼，而且目前不符合社會安全號碼申請資格，否則願依據加州法律受偽證罪處罰。本人明白，根據車輛管理法典第12801節之規定，一旦獲得社會安全號碼，本人必須將其提供給機動車輛管理局。

簽名
X

日期

4

申請頒發的執照類別：☒ 請勾選所有適當選項（方框）。如需其他資訊，請參閱《加利福尼亞駕駛手冊》。

基礎駕照
☐ 基礎C類 ☐ 摩托車
如果僅申請基礎駕照，請見第5部份。

非商業車輛駕照
☐ A類 ☐ B類

☐ 救護車駕駛證書

5

您必須回答以下問題：

A. 在過去十(10)年內，您是否曾使用其他姓名或號碼在加州或其他州或國家申請過駕駛執照或身份證？☐ 是 ☐ 否
如果是這樣，請工整填寫所使用的姓名、駕照/身份證號碼及州或國家名稱 _____

B. 您的駕駛權或駕駛執照是否曾經被撤銷、拒發、延遲、暫時吊銷或撤銷？☐ 是 ☐ 否
如果是這樣，請在下面說明日期和原因。

日期 原因

C. 在過去五年內，您是否曾患過或經歷過本表格背面列出的任何醫療症狀，從而使您安全操控機動車輛的能力受到影響？ **在回答前，請閱讀本表格背面的「醫療資訊」。**☐ 是 ☐ 否
如果是這樣，請簡要說明： _____

6

您是否希望進行選民登記，或者更改政黨從屬或選民登記地址？

您是否希望進行選民登記或者更改政黨從屬？
☐ 是 - 請填寫隨附的選民登記表格。
☐ 否 - 切勿填寫隨附的選民登記表格。

變更選民登記地址

我是一名已登記的選民；我已搬遷，並希望更新我的選民記錄。
C ☐ 搬到新的縣 - 請填寫隨附的選民登記表格。
S ☐ 在同一縣城內 - 切勿填寫隨附的選民登記表格。
您的選民記錄將自動更新。

7

您是否希望登記為器官與組織捐獻人？

您是否希望登記為器官與組織捐獻人？
☐ 是！本人願意捐獻器官和組織。
☐ 2美元自願捐款，用於支持並促進器官與組織捐獻活動。

如果您標選「是！」（“YES!”），您的名字將被登入加州器官及組織捐獻人登記名冊中，而且將在您的駕駛執照或身份證的正面印一個粉紅色的圓點形捐獻標誌。如果您已經登記為捐獻人，則須勾選「是！」（“YES!”），這樣才會在您的駕駛執照或身份證上印上這個粉紅色圓點形捐獻標誌。如果您希望取消器官與組織捐獻登記，則須聯絡加州器官及組織捐獻人登記處（請見背面）。機動車輛管理局祇能取消駕駛執照或身份證上的粉紅色圓點形捐獻標誌。

8

年齡不滿18週歲的駕駛者須請家長或監護人簽名：
若家長或監護人有雙方聯合撫養權，則須**雙方共同簽署**。我/我們對此未成年人承擔民事責任。

母親或監護人簽名
X

日期

日間電話號碼
()

地址 街道名稱與門牌號碼 公寓號碼 市 州 郵遞區號

父親或監護人簽名
X

日期

日間電話號碼
()

地址 街道名稱與門牌號碼 公寓號碼 市 州 郵遞區號

9

證實聲明： 本人已閱讀、理解並同意本表格的內容，包括本表格背面的證實聲明。本人證明（或鄭重聲明），上述資訊皆屬實且正確，否則願依據加州法律受偽證罪處罰。

請停止 未經機動車輛管理局員工授意，切勿簽字。

申請人簽名
X

日期

日間電話號碼
()

FOR DMV FIELD OFFICE USE ONLY

您必須閱讀並理解以下資訊及證實聲明，
這一點非常重要。

醫療資訊

可能影響您安全操控機動車輛的症狀包括但不僅僅限於以下各項：

- 失去知覺；或
- 由任何症狀引起並可造成反復失誤的顯著性糊塗；或
- 疾病、錯亂或殘障（例如癲癇症、糖尿病、中風、白內障、帕金森病）；或
- 因白內障、黃斑點退化、糖尿病、視網膜病變、青光眼、視網膜色素變性或其他進行性症狀導致的視力下降或發生變化；或
- 因酗酒或濫用藥物導致的其他健康問題。

選民登記

申請後30日內，選民若未收到選民登記資訊，則須聯絡州務卿辦公廳的當地選舉辦事處。

器官捐獻人聲明

如果您在本申請表格正面標選了希望在死後捐獻器官與組織，根據「加州統一遺體捐贈法」之規定，您的這一許可書將成為對您有法律約束力之文件。除非捐贈人年齡不滿18週歲，否則該捐贈無須任何其他他人同意即可生效。對於年齡不滿18週歲的捐贈人，將由其法定監護人就是否捐贈作出最終決定。若將來您改變捐贈決定，或者您希望將捐贈限定於某些特定器官、組織或科研用途，您必須聯絡加州器官及組織捐獻人(Donate Life California)登記處，郵寄地址是1760 Creekside Oaks Drive, # 220, Sacramento, CA 95833；或者透過網站聯絡，網址是www.donateLIFeCalifornia.org或www.doneVIDAcalifornia.org。

披露聲明

- 社會安全號碼收集與披露 - 如果您符合申領社會安全號碼的資格，根據法律要求，您必須提供該號碼，否則您的申請將被拒絕。若申請人在美國有合法居留權，但無工作權，並因此而無法獲得社會安全號碼，該申請人仍有權獲得加州駕駛執照或身份證。
根據「美國法典」第42編第7章第II分章第405條和「加州車輛法典」第§1653.5、§12800和§12801條之授權，收集社會安全號碼資訊。該資訊將被用於駕駛執照法律和機動車輛註冊法律管理，並將應以下機構之要求提供：
- 特許稅收委員會、用於稅收管理之目的
- 任何根據「美國法典」第42編第601節及其後各節之規定而經營的機構
該資訊將被用於協助收取與下列各項相關的欠款：
 - ✓ 申請人未繳納罰款或未出庭
 - ✓ 未成年子女補助款項
 - ✓ 兒童贍養費
 - ✓ 建立父子關係
- 機動車輛管理局將向社會安全管理局核實您登記的社會安全號碼、姓名與出生日期。在社會安全管理局證實您所提供的資訊正確無誤後，才能向您頒發駕駛執照或身份證或者准予更新。申請駕駛執照或身份證即表明，您授權並同意加州車輛管理局搜索社會安全管理局的所有數據庫，以證實您所提交的資訊。
- 在頒發加州駕駛執照之前，機動車輛管理局(DMV)會首先透過全國駕駛者登記資料庫核查您在其他管轄區的駕駛記錄。如果其他管轄區曾經撤銷您的駕駛權，則不會向您頒發加州駕駛執照。
- 本申請表格正面所列的郵寄地址將顯示在您的駕駛執照或身份證上。

諮詢聲明

本表格所要求填寫的資訊涉及駕駛執照發放資格審定之目的。此項要求係依據「加州車輛法典」第6部份之授權而提出。不提供該資訊將導致拒發駕駛執照；在某些情況下，還可能導致駕駛權被撤銷或取消。

- 除保密內容（根據「加州車輛法典」第§1808.5節之規定，醫療資訊為保密資訊）或根據公眾資料法而獲豁免的資訊外，上述資訊屬於公共資料，並可供執法機構和保險公司定期使用。
- 目前，地址資訊仍受限制，並僅提供給各類獲授權的索取人用於有限目的。個人可在正常辦公時間內獲得其本人資訊的副本。

刑事訴訟

- 如果您提交虛假資訊，機動車輛管理局可提起刑事訴訟。
- 根據「加州刑法典」第§114節之規定，任何人使用虛假文件以圖隱瞞其真實公民身份或外國居民身份，即構成重罪。

退款

- 申請表格及申請費一旦提交，即不再退還。

證實聲明

- 本人同意當治安官根據加州車輛法典」第§23612節之規定提出要求時接受化驗，以確定血液、呼吸或尿液中的酒精或藥物含量。
- 已經告誡本人，處於酒精或藥物影響下或者處於酒精和藥物兩者影響下，將降低安全駕駛機動車輛的能力。因此，在酒精或藥物影響下或者在酒精和藥物兩者影響下駕駛，將造成極度嚴重的生命威脅。若本人在酒精或藥物影響下或者在酒精和藥物兩者影響下駕駛，並因此而造成他人死亡，我會受到謀殺罪指控。
- 本人證實，在簽署此申請表格時我已得知，若本人年齡不滿21週歲，則在血液中酒精濃度(BAC)達到0.01%或以上時駕車屬非法行為。駕車時，若血液中酒精濃度達到0.01%或以上，或者若拒絕或未能完成酒精含量篩選測試或藥物測試，我的駕駛權將被暫時吊銷一年。
- 現簽署此申請表格，以證實我已得知，若本人目前因酒後駕駛或藥後駕駛而受法庭緩刑察看判處，則我在血液中酒精濃度(BAC)達到.01%或以上時駕車屬非法行為。駕車時，若本人的血液中酒精濃度達到0.01%或以上，我的駕駛權將被暫時吊銷一年。若拒絕或未能完成酒精含量篩選測試或藥物測試，我的駕駛權將被暫時吊銷/撤銷兩至三年。
- 本人即為此表格正面的列名者。此表格上的郵寄地址真實、有效，且準確。根據加州民事訴訟法第§§415.20(b)節、第415.30(a)節及第§416.90節之規定，本人同意按此郵寄地址接受相關服務。
- 本人瞭解，機動車輛管理局可將其他州或司法管轄機構報告的交通違規判罪添加到本人的駕駛記錄中，並可能會因此而導致對本人的加州駕駛權採取相關懲罰措施。
- 我在此表格上簽名，藉此證明本人確為根據聯邦法律授權而在美國合法留居者。
- 我明白，根據加州車輛法典」第§12511節之規定，本人擁有或由本人控制的駕駛執照不得超過一份。



A Public Service Agency

HQ
MICROGRAPHICS
USE ONLY

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DRIVER LICENSE OR IDENTIFICATION CARD APPLICATION

DO NOT DUPLICATE

1	PURPOSE FOR YOUR VISIT: ✓ the appropriate box(es). <i>PRINT USING BLACK OR BLUE INK ONLY.</i> READ ALL INFORMATION PROVIDED ON THE FRONT AND BACK OF THIS FORM.	FOR DMV USE ONLY	
		BD/LP Code _____	State/Country _____
DRIVER LICENSE (DL) ☐ Original DL/Permit ☐ Remove Restriction ☐ Renewal ☐ Change/Add Class ☐ Duplicate _____ Lost _____ Stolen Complete Parts 2 through 8.		IDENTIFICATION CARD (ID) ☐ Original ID Card/Renewal ☐ Senior ID Card/Renewal (Age 62+) ☐ Replacement _____ Lost _____ Stolen Complete Parts 2, 3, 5A, 6 & 7 only.	
		NAME CHANGE/ CORRECTION ☐ DL ☐ ID CARD Complete Parts 2, 3, 5, 6 & 7 only.	

2	PLEASE PROVIDE THE FOLLOWING: NOTE: You must use your true full name. Original documentation may be required. Refer to the <i>California Driver Handbook</i> .			
	Driver License OR ID Card Number	State OR Country	Expires MO / DAY / YR	Birth Date MO / DAY / YR
First Name		Middle Name	Last Name	Suffix (<i>Jr., Sr., III</i>)

Mailing Address, P.O. Box, or Private Mail Box (Include Box Number, St., Ave., Rd., Blvd., etc.), Number, Street, Apt/Space No., City, State, Zip Code

Address Where You Live (If different from mailing address), Number, Street, Apt/Space No., City, State, Zip Code

Sex ☐ M ☐ F	Hair Color	Eye Color	Height	Weight
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3	COMPLETE THIS SECTION ONLY IF YOU ARE NOT ELIGIBLE FOR A SOCIAL SECURITY NUMBER:
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I certify under penalty of perjury under the laws of the State of California that no Social Security Number has ever been issued to me and I am not presently eligible for a Social Security Number. I understand that pursuant to Vehicle Code Section 12801 I must provide my Social Security Number to the Department of Motor Vehicles when one is assigned to me.

Signature	Date
-----------	------

X

4	LICENSING NEEDS: ✓ the appropriate box(es). Refer to the <i>California Driver Handbook</i> for additional information.
BASIC LICENSE ☐ Basic Class C ☐ Motorcycle <i>If basic license only, go to Part 5.</i>	NON-COMMERCIAL LICENSE ☐ AMBULANCE CERTIFICATE ☐ Class A ☐ Class B

5	THE FOLLOWING QUESTIONS MUST BE ANSWERED:
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A.	Have you applied for a Driver License or Identification Card in California or another state/country using a different name or number within the past ten (10) years? ☐ Yes ☐ No If yes, print name, DL/ID number, and state or country _____
B.	Have you had your driving privilege or a driver license cancelled, refused, delayed, suspended, or revoked? ☐ Yes ☐ No If yes, indicate date and reason below. DATE _____ REASON _____
C.	Within the last five years, have you had or experienced any of the medical conditions specified on the back of this form that affects your ability to operate a motor vehicle safely? Please read the "Medical Information" on the back of this form before answering. ☐ Yes ☐ No If yes, briefly explain: _____

6	DO YOU WISH TO REGISTER TO VOTE OR CHANGE POLITICAL AFFILIATION OR VOTER ADDRESS?
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DO YOU WISH TO REGISTER TO VOTE OR CHANGE POLITICAL AFFILIATION?	Y ☐ YES—Complete the attached voter form. N ☐ NO—Do not complete attached voter form.	VOTER CHANGE OF ADDRESS	I am a registered voter; I moved and wish to update my voter record. C ☐ to a new county—Complete the attached voter form. S ☐ within the same county—Do not complete the attached form. Your voter record will be automatically updated.
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7	DO YOU WISH TO REGISTER TO BE AN ORGAN AND TISSUE DONOR?
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DO YOU WISH TO REGISTER TO BE AN ORGAN AND TISSUE DONOR?	☐ YES! I want to be an organ and tissue donor. ☐ \$2 voluntary contribution to support and promote organ and tissue donation.	If you mark "YES!" you will be added to the Donate Life California organ and tissue donor registry and a pink donor dot will be printed on the front of your driver license or identification card. If you are currently registered, you must check "YES!" to have the pink donor dot printed on your license or identification card. If you wish to remove your name from the donor registry, you must contact Donate Life California (see back). The Department of Motor Vehicles can only remove the pink donor dot from your license or identification card.
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8	FOR DRIVER UNDER 18, PARENT/GUARDIAN SIGNATURES REQUIRED: If both parents/guardians have joint custody, BOTH MUST SIGN. I/We accept civil liability for this minor.
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Mother's/Guardian's Signature	Date	Daytime Phone Number ()
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Address Street	Apt No.	City	State	Zip
Father's/Guardian's Signature				
Date				
Daytime Phone Number ()				
Address Street				
Apt No.				
City				
State				
Zip				

9	CERTIFICATION: I have read, understand and agree with the contents of this form, including the certifications on the BACK of this form. <i>I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.</i>
---	--

STOP Do not sign until instructed to do so by a DMV employee.

Applicant's Signature	FOR DMV FIELD OFFICE USE ONLY
X	
Date	Daytime Phone Number ()

IT IS IMPORTANT THAT YOU READ AND UNDERSTAND
THE FOLLOWING INFORMATION AND CERTIFICATIONS

MEDICAL INFORMATION

- The following conditions that may affect your ability to operate a motor vehicle safely include, but are not limited to:
- loss of consciousness; or
 - episode of marked confusion caused by any condition which may bring about recurring lapses; or
 - disease, disorder, or disability (examples of these are epilepsy, diabetes, stroke, cataracts, Parkinson's disease); or
 - decrease or change in your vision due to cataracts, macular degeneration, diabetic retinopathy, glaucoma, retinitis pigmentosa, or other progressive condition; or
 - health problems because of alcohol or drug abuse.

VOTER REGISTRATION

If the voter has not received voter registration information within 30 days of requesting it, they should contact the Local Elections Office of the Office of the Secretary of State.

ORGAN DONOR STATEMENT

If you marked on the front of the application that you want to be an organ and tissue donor upon death, your consent shall serve as a legally binding document as outlined under the California Uniform Anatomical Gift Act. Except in the case where the donor is under the age of 18, the donation does not require the consent of any other person. For donors under the age of 18, the legal guardian of the donor shall make the final decision regarding the donation. If you want to change your decision to consent in the future, or if you want to limit the donation to specific organs, tissues or research, you must contact Donate Life California by mail at 1760 Creekside Oaks Drive, # 220, Sacramento, CA 95833 or online at www.donateLIFecalifornia.org or www.doneVIDAcalifornia.org

DISCLOSURE STATEMENTS

- **SOCIAL SECURITY NUMBER COLLECTION DISCLOSURE – You are required by law to provide your Social Security Number, if you are eligible for one, or your application will be denied. An applicant who is legally present in the United States, but not authorized to work and therefore ineligible for a Social Security Number may still be eligible for a California Driver License/Identification Card.**
Authority to collect the social security number is United States Code, Title 42, Chapter 7, Subchapter II, Section 405 and California Vehicle Code §1653.5, §12800, and §12801. It will be used in the administration of driver license laws and motor vehicle registration laws and to respond to requests for information from the:
 - Franchise Tax Board for tax administration
 - Any agency operating pursuant to 42 U.S.C. 601 et seq.
It will be used to aid in the collection of monies owed in connection with:
 - ✓ failure to pay fines or failure to appear in court by an applicant
 - ✓ Aid to Families with Dependent Children
 - ✓ Child Support
 - ✓ Establishment of Paternity
- DMV verifies your social security number, name and birth date on our records with the Social Security Administration. You will not be issued or be able to renew your driver license or identification card until the Social Security Administration verifies the information you have provided is correct. By applying for a driver license or identification card, you authorize and consent to a search of any and all databases at the Social Security Administration by the California Department of Motor Vehicles, to verify the information you have provided.
- DMV checks for driving record status in other jurisdictions through the National Driver Registry prior to issuance of a California driver license. You will not be issued a California driver license if another jurisdiction has withdrawn your driving privilege.
- The mailing address listed on the front of this application will be the address shown on your driver license or identification card.

ADVISORY STATEMENT

- The information required on this form pertains to eligibility for and issuance of a driver license. It is required under the authority of Division 6 of the California Vehicle Code. Failure to provide the information is cause for refusal to issue a driver license, or, in some cases, cancellation or withdrawal of the driving privilege.
- Except as made confidential (medical information is confidential under authority of California Vehicle Code §1808.5) or exempted under the Public Records Act, this information is a public record and is regularly used by law enforcement agencies and insurance companies.
 - Access to address information is now restricted, and will be available to various authorized requesters for limited use. Individuals can obtain copies of their own information during regular office hours.

CRIMINAL PROSECUTION

- If you submit fraudulent information, the DMV may pursue criminal prosecution.
- Any person who uses false documents to conceal his or her true citizenship or resident alien status is guilty of a felony pursuant to California Penal Code §114.

REFUNDS

- Once this application form and fee have been submitted, no refunds will be made.

CERTIFICATIONS

- I agree to submit to a chemical test of my blood, breath, or urine for the purpose of determining the alcohol or drug content of my blood when testing is requested by a peace officer acting in accordance with California Vehicle Code §23612.
- I am hereby advised that being under the influence of alcohol or drugs, or both, impairs the ability to safely operate a motor vehicle. Therefore, it is extremely dangerous to human life to drive while under the influence of alcohol or drugs, or both. If I drive while under the influence of alcohol or drugs, or both, and as a result, a person is killed, I can be charged with murder.
- By signing this application, I certify that I was notified that if I am under 21 years of age, I cannot legally drive with a blood alcohol concentration (BAC) of 0.01% or more. Driving with a BAC of 0.01% or more, or refusing to take, or failing to complete an alcohol screening or drug test, results in a one-year suspension of my driving privilege.
- By signing this application, I certify that I was notified that if I am currently on court probation for a driving under the influence offense, I cannot legally drive with a blood alcohol concentration (BAC) of .01% or more. Driving with a BAC of .01% or more results in a one-year suspension of my driving privilege. Refusing to take, or failing to complete an alcohol screening or chemical test will result in a two to three year suspension/revocation of my driving privilege.
- I am the person whose name appears on the front of this form. The mailing address shown is valid, existing, and accurate. I agree to accept service of process at this mailing address according to §§415.20(b), 415.30(a), and §416.90 of the California Civil Procedure Code.
- I understand DMV may add traffic convictions reported by other states or jurisdictions to my driving record that may result in sanctions against my California driving privilege.
- By signing this form, I am acknowledging my presence in the United States is authorized under federal law.
- I understand I may have no more than one driver license in my possession or under my control in accordance with California Vehicle Code §12511.



운전면허증 또는 신분증 신청서

DO NOT DUPLICATE

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다음 정보와 보증을 읽고 이해하는 것이
중요합니다

의료 정보

자동차를 안전하게 조작할 수 있는 능력에 영향을 줄 수 있는 상태로 다음과 같은 예들이 있습니다.

- 의식 상실
- 반복적인 판단력 저하를 유발할 수 있는 질환에 의해 야기된 현저한 혼란 상태
- 질병 또는 장애(예: 간질, 당뇨, 발작, 백내장, 파킨스씨 병)
- 백내장, 황반부 변성, 당뇨망막변증, 녹내장, 색소성 망막염, 기타 퇴행성 질환 등으로 인한 시력 감퇴 또는 변화
- 알코올이나 약물 남용으로 인한 건강 문제

알코올이나 약물 남용으로 인한 건강 문제 유권자 등록

유권자가 요청 후 30일 이내에 유권자 등록 정보를 받지 못했을 경우 주총무처(Office of the Secretary of State)의 지방선거사무소에 연락하셔야 합니다.

장기 기증자 성명서

이 신청서 앞면에 사망시 장기 및 조직 기증자가 되고 싶다고 표시하시면 그 동의는 캘리포니아 장기기증 통합법(California Uniform Anatomical Gift Act)에 의거, 법적 구속력을 갖는 문서가 됩니다. 기증자가 18세 미만인 경우를 제외하고 기증은 다른 사람의 동의를 필요로 하지 않습니다. 18세 미만인 기증자의 경우 기증자의 법적 보호자가 해당 기증에 대해 최종적인 결정을 내려야 합니다. 나중에 동의한 결정사항을 변경하고자 하거나 기증을 특정 장기나 조직으로 제한하고자 할 경우, 우편(Donate Life California, 1760 Creekside Oaks Drive, # 220, Sacramento, CA 95833)이나 인터넷 www.donateLIFecalifornia.org 또는 www.doneVIDAcalifornia.org를 통해 캘리포니아주 생명기증기관(Donate Life California)에 연락하셔야 합니다.

정보공개 성명서

- 사회보장번호 수집 공개 - 사회보장번호를 가지고 있는 경우 법률에 따라 이를 제출해야 하며 그러지 않을 경우 신청이 거절될 것입니다. 미국에서 합법적으로 체류 중이지만 취업이 승인되지 않아 사회보장번호가 없는 신청자라도 캘리포니아 운전면허증/신분증을 신청할 자격이 있습니다. 사회보장번호를 수집할 권한은 미국 법률, 42권, 7장, II절, 405조와 캘리포니아주 자동차법 §1653.5, §12800, §12801에 따른 것입니다. 이것은 운전면허법과 자동차등록법의 관리 및 아래 기관으로부터의 정보 요청에 대한 응답에 이용됩니다.
- 세무국(세무 행정용)
- 42 U.S.C. 601(이하 참조)에 따라 운영되는 모든 기관 사회보장번호는 아래와 관련해 발생하는 비용 징수 축진을 위해 사용됩니다.
 - ✓ 지원자가 벌금을 체납하거나 법원에 출두하지 않음
 - ✓ 부양 자녀가 있는 가족들에 대한 보조
 - ✓ 아동 양육비
 - ✓ 부권 입증
- 차량국은 자체 기록상의 사회보장번호, 이름, 생년월일을 사회보장국 기록과 대조 검증합니다. 신청자가 제출한 정보의 정확성을 사회보장국으로부터 검증받기 전까지는 운전면허증이나 신분증의 발급 또는 갱신이 불가합니다. 운전면허증이나 신분증을 신청함으로써 신청자는, 캘리포니아 차량국이 제출된 정보를 검증하기 위해 사회보장국의 모든 데이터베이스를 검색하는 것에 승인하고 이에 동의하는 것입니다.
- 차량국은 전국 운전자 등록부(National Driver Registry)를 통해 다른 관할구의 운전기록 현황을 먼저 검증한 후 캘리포니아 주 운전면허증을 발급합니다. 검증 결과, 다른 관할구에서 신청인의 운전특권을 박탈한 경우에는 캘리포니아 주 운전면허증이 발급되지 않습니다.
- 이 신청서의 앞면에 기재된 우편물 수령지 주소는 운전면허증이나 신분증 상에 나타날 주소입니다.

주의문

- 이 양식에서 요구하는 정보는 운전면허증의 신청 및 발급과 관련됩니다. 이것은 캘리포니아 차량법 6장의 권한에 따른 의무 사항입니다. 정보를 제출하지 않는 것은 운전면허증 발급 거부 사유 또는 경우에 따라 면허의 취소 또는 철회 사유가 됩니다.
- 공공기록법(Public Records Act)에 따라 기밀(의료 정보는 캘리포니아 차량법 §1808.5의 권한에 따라 기밀에 부처짐) 또는 면제된 경우를 제외하고, 이 정보는 공공기록으로 취급되며 사법기관과 보험회사에 의해 정기적으로 활용될 수 있습니다.
 - 주소 정보에 대한 접근은 현재 제한되어 있으며, 승인을 받은 다양한 요청자에게 제한적인 용도로 공개될 수 있습니다. 개인은 정규 근무 시간 중 본인의 정보 사본을 받아볼 수 있습니다.

형사 소추

- 사기적 정보를 제출한 경우 차량국이 형사 소추를 진행할 수 있습니다.
- 본인의 실제 시민권 또는 영주권 자격을 은폐하기 위해 허위 서류를 사용하는 자는 캘리포니아주 형법 §114에 따라 중죄를 선고받게 됩니다.

환불

- 이 신청 양식과 수수료는 제출 후 환불이 불가합니다.

보증

- 본인은 캘리포니아주 차량법 §23612에 따라 근무 중인 치안관이 검사를 요청할 경우, 혈중 알코올 또는 약물 성분의 판별을 위한 혈액, 호흡, 소변에 대한 화학 검사에 응할 것입니다.
- 본인은 술이나 약물(마약)에 취한 상태에서 또는 술과 약물(마약)에 취한 상태에서 차량을 안전하게 운행할 수 없다는 조언을 들었습니다. 그러므로 술이나 약물(마약) 또는 술과 약물(마약)에 취한 상태에서 하는 운전은 극단적으로 사람의 생명에 위협을 주는 행위입니다. 만약 본인이 술이나 약물(마약) 또는 술과 약물(마약)에 취해 운전을 하다 사망 사고를 낼 경우 살인죄로 처벌될 수 있습니다.
- 이 신청서에 서명함으로써 본인은, 21세 미만인 경우 혈중 알코올 농도(BAC) 0.01% 이상인 상태로 운전하는 것이 불법임을 통지받았다는 사실을 보증합니다. BAC 0.01% 이상인 상태로 운전을 하거나 알코올 검사 또는 약물 테스트에 응하지 않거나 이를 완료하지 않으면 1년간 면허가 정지됩니다.
- 이 신청서에 서명함으로써 본인은, 취중 운전으로 인해 지금 법원 집행유예 중에 있을 경우 혈중 알코올 농도(BAC) 0.01% 이상인 상태로 운전하는 것이 불법임을 통지받았다는 사실을 보증합니다. 혈중 알코올 농도(BAC) 0.01% 이상인 상태로 운전을 하는 경우 본인의 운전특권이 1년간 정지됩니다. 알코올 검사 또는 화학약물 테스트에 응하지 않거나 완수하지 않을 경우 본인의 운전특권이 2년에서 3년간 정지/폐지됩니다.
- 본인은 이 양식 앞면에 적힌 이름과 동일 인물입니다. 우편물 수령지 주소는 유효하고 실재하며 정확합니다. 본인은 캘리포니아주 민사 소송 절차법 §§415.20(b), 415.30(a), 416.90에 따라 이 우편물 수령지 주소에서 소송 절차 송달을 수락할 것에 동의합니다.
- 본인은 차량국이 다른 주 또는 관할구가 보고하는 교통 위반 사항을 자신의 운전 기록에 추가할 수 있으며 이는 캘리포니아주 면허에 대한 제재로 이어질 수도 있음을 이해합니다.
- 이 양식에 서명함으로써 본인은, 연방법에 따라 본인의 미국 체류가 합법적임을 인정합니다.
- 본인은 캘리포니아주 교통법 §12511에 따라 하나 이상의 운전면허증을 소지 또는 관리할 수 없음을 이해합니다.



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Agencia de Servicio Público

SOLICITUD DE LICENCIA DE MANEJAR O DE TARJETA DE IDENTIDAD

DO NOT DUPLICATE

1	PROPÓSITO DE SU VISITA: ✓ la(s) casilla(s) pertinente(s). ESCRIBA USANDO SÓLO TINTA NEGRA O AZUL. LEA TODA LA INFORMACIÓN QUE ESTÁ AL FRENTE Y REVERSO DE ESTE FORMULARIO.			FOR DMV USE ONLY	
	LICENCIA DE MANEJAR (DL) ☐ DL/Permiso original ☐ Quitar restricción ☐ Renovación ☐ Cambiar/Añadir clase ☐ Duplicado _____ Perdida _____ Robada Llene las partes 2 a 8.			BD/LP Code _____	
State/Country _____					
TARJETA DE IDENTIDAD (ID) ☐ Tarjeta ID original/Renovación ☐ Tarjeta ID/renovación persona mayor (edad 62+) ☐ Reemplazo _____ Perdida _____ Robada Sólo llene las partes 2, 3, 5A, 6 y 7.			DOCUMENT# _____		
CAMBIO/CORRECCIÓN DE NOMBRE ☐ DL ☐ TARJETA ID Sólo llene las partes 2, 3, 5, 6 y 7.			Review: Primary _____		
			Secondary Tech ID/Date _____		

2	FAVOR DE PROPORCIONAR LO SIGUIENTE:				
	NOTA: Deberá usar su nombre verdadero y completo. Puede exigirse documentación original. Consulte el <i>Manual del Automovilista de California</i> .				

Número de licencia de manejar o de ID	Estado o país	Se vence MES / DÍA / AÑO	Fecha de nacimiento MES / DÍA / AÑO	Número de seguro social - - -
Primer nombre	Segundo nombre	Apellido(s)		Sufijo (Jr., Sr., III)

Dirección postal, apdo. postal, o buzón privado (incluya el # de buzón, St., Ave., Rd., Blvd., etc.), No., calle, No. apto./espacio, ciudad, estado, código postal

Dirección donde vive (si es diferente de la dirección postal), No., calle, No. apto./espacio, ciudad, estado, código postal

Sexo ☐ Masc. ☐ Fem.	Color de cabello	Color de ojos	Estatura	Peso
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3	COMPLETE ESTA SECCIÓN SÓLO SI NO ES ELEGIBLE PARA UN NÚMERO DE SEGURO SOCIAL:	
	Certifico, bajo pena de perjurio, conforme a las leyes del estado de California, que jamás se me ha expedido ningún número de seguro social y que actualmente no soy elegible para un número de seguro social. Comprendo que en conformidad con la Sección 12801 del <i>Código de Vehículos</i> , deberé proporcionar mi número de seguro social al Departamento de Vehículos Motorizados cuando se me asigne dicho número.	

Firma	Fecha
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4	LICENCIA QUE SE NECESITA: ✓ la(s) casilla(s) pertinente(s). Consulte el <i>Manual del Automovilista de California</i> para más información.	
	LICENCIA BÁSICA ☐ Básica Clase C ☐ Motocicleta Si sólo es licencia básica, pase a la parte 5.	

LICENCIA NO COMERCIAL ☐ Clase A ☐ Clase B	☐ CERTIFICADO DE AMBULANCIA
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5	DEBERÁ CONTESTAR LAS SIGUIENTES PREGUNTAS:	
	A. En los últimos diez (10) años, ¿ha solicitado una licencia de manejar o tarjeta de identidad en California u otro estado o país usando un nombre o número diferente?..... ☐ Sí ☐ No	

Si la respuesta es sí, imprima el nombre, no. de DL/ID y el estado o país _____	
B. ¿Le han cancelado, negado, aplazado, suspendido o revocado su privilegio de manejar o licencia de manejar?..... ☐ Sí ☐ No	
Si la respuesta es sí, anote la fecha y la razón a continuación.	

FECHA	RAZÓN
C. En los últimos cinco (5) años, ¿ha padecido o experimentado cualquiera de las condiciones médicas enumeradas al reverso de este formulario, las cuales afectan su capacidad para manejar con seguridad vehículos motorizados? Antes de contestar, favor de leer la “Información médica” al reverso de este formulario. ☐ Sí ☐ No	
Si la respuesta es sí, explique brevemente: _____	

6	¿DESEA REGISTRARSE PARA VOTAR O CAMBIAR SU AFILIACIÓN POLÍTICA O SU DIRECCIÓN DE VOTANTE?	
	¿DESEA REGISTRARSE PARA VOTAR O CAMBIAR SU AFILIACIÓN POLÍTICA? Y ☐ SÍ—Favor de llenar el formulario de votante adjunto. N ☐ NO—No llene el formulario de votante adjunto.	

CAMBIO DE DIRECCIÓN DE VOTANTE	Soy un votante registrado; me mudé y deseo actualizar mi expediente de votante. C ☐ A un nuevo condado—Favor de llenar el formulario de votante adjunto. S ☐ Dentro del mismo condado—No llene el formulario adjunto. Su expediente se actualizará de modo automático.
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7	¿DESEA REGISTRARSE PARA SER DONANTE DE ÓRGANOS Y TEJIDOS?	
	¿DESEA REGISTRARSE PARA SER DONANTE DE ÓRGANOS Y TEJIDOS? ☐ ¡SÍ!—Quiero ser donante de órganos y tejidos. ☐ \$2 contribución voluntaria para apoyar y promover la donación de órganos y tejidos.	

		Si marca “¡SÍ!” usted será añadido al registro de donantes de órganos y tejidos Done Vida California y un círculo rosado de donante será impreso al frente de su licencia de manejar o tarjeta de identidad. Si actualmente está registrado, deberá marcar “¡SÍ!” para que se imprima en su licencia o tarjeta de identidad el círculo rosado de donante. Si desea quitar su nombre del registro de donantes, deberá comunicarse con Done Vida California (vea el dorso). Lo único que el Departamento de Vehículos Motorizados puede remover de su licencia o tarjeta de identidad es el círculo rosado de donante.
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8	SE EXIGE LA FIRMA DE LOS PADRES/TUTORES DE UN CONDUCTOR MENOR DE 18 AÑOS:		
	Si ambos padres/tutores tienen custodia conjunta, LOS DOS DEBERÁN FIRMAR. Yo/nosotros acepto/aceptamos responsabilidad civil por este menor.		

Firma de la madre o tutora	Fecha	No. de teléfono durante el día ()
Dirección: Calle	No. de apto.	Ciudad
		Estado
		Código postal

Firma del padre o tutor	Fecha	No. de teléfono durante el día ()
Dirección: Calle	No. de apto.	Ciudad
		Estado
		Código postal

9	CERTIFICACIÓN: He leído, entiendo y estoy de acuerdo con el contenido de este formulario, incluyendo las certificaciones al REVERSO del mismo. Certifico (o declaro), bajo pena de perjurio, conforme a las leyes del estado de California, que lo anterior es verdadero y correcto.	
	ALTO No firme hasta que un empleado del DMV le indique que lo haga.	

Firma del solicitante	FOR DMV FIELD OFFICE USE ONLY	
X		
Fecha	Número de teléfono durante el día ()	

ES IMPORTANTE QUE USTED LEA Y ENTIENDA LA SIGUIENTE

INFORMACIÓN Y CERTIFICACIONES

INFORMACIÓN MÉDICA

Las siguientes condiciones de salud que pueden afectar su capacidad para manejar vehículos motorizados con seguridad incluyen, pero no se limitan a:

- la pérdida del conocimiento; o
- un episodio de confusión marcada causado por cualquier condición que pudiera ocasionar recaídas recurrentes; o
- una enfermedad, trastorno o incapacidad (por ejemplo, epilepsia, diabetes, derrame cerebral, cataratas, enfermedad de Parkinson); o
- un cambio en la vista o desmejoramiento de la misma debido a cataratas, degeneración macular, retinopatía diabética, glaucoma, retinitis pigmentosa u otra condición progresiva; o
- problemas de salud por el abuso de alcohol o drogas.

REGISTRO DE VOTANTE

Si el votante no ha recibido información sobre el registro de votante en un plazo de 30 días después de haberla solicitado, debe comunicarse con la Oficina de Elecciones Locales de la Oficina del Secretario de Estado.

DECLARACIÓN DE DONANTE DE ÓRGANOS

Si usted marcó al frente de la solicitud que quiere ser donante de sus órganos y tejidos en caso de su muerte, su consentimiento servirá como documento legalmente obligatorio, como se estipula en la Ley Uniforme de Donaciones Anatómicas de California. Exceptuando el caso en que el donante es menor de 18 años, la decisión de ser donante no requiere el consentimiento de ninguna otra persona. Para donantes menores de 18 años, el tutor legal del donante tomará la decisión final sobre la donación. Si quiere cambiar su decisión para dar su consentimiento en el futuro, o si quiere limitar las donaciones a órganos o tejidos específicos o para investigación, deberá comunicarse con Done Vida California por correo al 1760 Creekside Oaks Drive, #220, Sacramento, CA 95833 ó por Internet en www.donateLIFEcalifornia.org, o bien, www.doneVIDAcalifornia.org.

DECLARACIONES DE OBLIGACIÓN DE REVELAR INFORMACIÓN

- **PERMISO PARA REVELAR EL NÚMERO DE SEGURO SOCIAL PRESENTADO** — Si es elegible para un número de seguro social, la ley le exige proporcionar su número de seguro social; de no ser así, su solicitud será rechazada. Los solicitantes que están legalmente en los Estados Unidos, pero no tienen permiso para trabajar, y por lo tanto no son elegibles para un número de seguro social aún pueden reunir los requisitos para la licencia de manejar/tarjeta de identidad de California.
Su número de seguro social (SSN) se le pedirá conforme a la Sección 405, Subcapítulo II, Capítulo 7, Título 42, del *Código de los Estados Unidos* y las Secciones §1653.5, §12800 y §12801 del *Código de Vehículos de California*. El número se usará en la administración de las leyes sobre las licencias de manejar y de matrícula de vehículos motorizados y para responder a solicitudes de información de/del:
 - Directiva de Impuestos Estatales para la administración de leyes de impuestos
 - Cualquier agencia actuando en conformidad con las Secciones 42, 601 y subsiguientes del *Código de los Estados Unidos* (U.S.C.)
Se utilizará para ayudar en la recaudación de dinero adeudado relacionado con:
 - ✓ La falta de pago de una multa u omisión de comparecer en la corte por parte del solicitante
 - ✓ La asistencia para familias con niños necesitados
 - ✓ Mantenimiento de hijos
 - ✓ Establecimiento de paternidad
 - El DMV verifica su número de seguro social, nombre y fecha de nacimiento en nuestros expedientes con la Administración del Seguro Social. No se le expedirá o podrá renovar su licencia de manejar o tarjeta de identidad hasta que la Administración del Seguro Social verifique que los datos que usted proporcionó son correctos. Al solicitar una licencia de manejar o tarjeta de identidad, usted autoriza y da su consentimiento al Departamento de Vehículos Motorizados de California para que busque en cualquiera y todas las bases de datos de la Administración del Seguro Social con el fin de verificar los datos que usted ha proporcionado.
 - El DMV revisa el estatus del expediente de manejo en otras jurisdicciones por medio del Registro Nacional de Conductores antes de expedir la licencia de manejar de California. A usted no se le expedirá la licencia de manejar de California si otra jurisdicción le ha retirado su privilegio de manejar.
 - La dirección postal anotada en el frente de esta solicitud será la dirección que aparecerá en su licencia de manejar o tarjeta de identidad.

DECLARACIÓN CONSULTIVA

La información que se exige en este formulario pertenece a la elegibilidad para la expedición de la licencia de manejar. Se exige conforme a los fundamentos legales de la División 6 del *Código de Vehículos de California*. Si la información no se proporciona, será motivo para negar la expedición de una licencia de manejar, o, en algunos casos, la cancelación o retiro del privilegio de manejar.

- Con la excepción de la información confidencial (la información médica es confidencial según la Sección §1808.5 del *Código de Vehículos de California*) o dispensada según el Acta de Expedientes Públicos, esta información es pública y las autoridades judiciales y compañías de seguros la usan regularmente.
- El acceso a la información sobre direcciones ahora está restringido y estará disponible a varios solicitantes autorizados para uso limitado. Las personas pueden obtener copias de su propia información durante los horarios normales de oficina.

ENJUICIAMIENTO CRIMINAL

- Si usted presenta información o datos fraudulentos, es posible que el DMV le haga cargos criminales.
- Cualquier persona que use documentos falsos para ocultar su condición verdadera de ciudadanía o residencia legal es culpable de una felonía (delito mayor) conforme a la Sección 114 del *Código Penal de California*.

REEMBOLSOS

- No se harán reembolsos una vez que este formulario de solicitud haya sido presentado y pagado.

CERTIFICACIONES

- Estoy de acuerdo en someterme a un examen químico de la sangre, aliento u orina con el propósito de determinar el contenido de alcohol o drogas en mi sangre cuando un policía lo solicite en conformidad con la Sección §23612 del *Código de Vehículos de California*.
- Por la presente, se me ha notificado que estar bajo la influencia del alcohol o drogas, o ambos, deteriora la capacidad para operar con seguridad un vehículo motorizado. Por lo tanto, es extremadamente peligroso para la vida humana manejar mientras se está bajo la influencia del alcohol o drogas, o ambos. Si manejo mientras estoy bajo la influencia del alcohol o drogas, o ambos, y como resultado, una persona muere, puedo ser acusado de homicidio.
- Al firmar esta solicitud, certifico que se me notificó que si soy menor de 21 años de edad, no puedo manejar legalmente con una concentración de alcohol en la sangre (BAC) de 0.01% o más. Manejar con una BAC de 0.01% o más, o el negarse a tomar, o no completar, un examen de detección de alcohol o drogas, resultará en una suspensión de un año de mi privilegio de manejar.
- Al firmar esta solicitud, certifico que se me notificó que si actualmente la corte me puso en libertad condicional debido a una ofensa por manejar bajo la influencia, no puedo manejar legalmente con una concentración de alcohol en la sangre (BAC) de 0.01% o más. Manejar con una BAC de 0.01% o más resulta en una suspensión de un año de mi privilegio de manejar. Negarse a tomar o no completar un examen de detección de alcohol o examen químico resultará en una suspensión/revocación de dos a tres años de mi privilegio de manejar.
- Yo soy la persona cuyo nombre aparece en el frente de este formulario. La dirección postal que se muestra es válida, existe y es correcta. Doy consentimiento para recibir notificaciones judiciales en esta dirección postal, conforme a las Secciones §415.20(b), §415.30(a) y §416.90 del *Código de Procedimiento Civil de California*.
- Comprendo que el DMV puede añadir a mi expediente de conductor condenas reportadas por otros estados o jurisdicciones, lo cual puede resultar en sanciones contra mi privilegio de manejar en California.
- Al firmar este formulario, doy fe de que mi presencia en los Estados Unidos está autorizada conforme a las leyes federales.
- Comprendo que no puedo tener más de una licencia de manejar en mi poder o bajo mi control, en conformidad con la Sección §12511 del *Código de Vehículos de California*.



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APLIKASYON PARA SA LISENSIYA NG TSUPER O KARD NG IDENTIPIKASYON **DO NOT DUPLICATE**

1	LAYUNIN NG IYONG PAGBISITA: ☒ Lagyan ng tsek ang angkop na (mga) kahon. ILIMBAG SA INGLES LAMANG GAMIT ANG ITIM O ASUL NA TINTA. BASAHIN ANG LAHAT NG IMPORMASYONG NAKALAGAY SA HARAP AT LIKOD NG PORMULARYONG ITO.	FOR DMV USE ONLY	
		BD/LP Code _____ State/Country _____ DOCUMENT# _____ Review: Primary _____ Secondary Tech ID/Date _____	
LISENSIYA NG TSUPER (DL)			
☐ Orihinal na DL/Permiso ☐ Alisin ang Kabawalan ☐ Pagpapanibago ☐ Palitan/Dagdagan ang Klase ☐ Duplikado _____ Nawala _____ Ninakaw Kumpletuhin ang Bahagi 2 hanggang 8.			
KARD NG IDENTIPIKASYON (ID)			
☐ Orihinal na Kard ng ID/Pagpapanibago ☐ Kard ng ID ng Matatanda/Pagpapanibago (Edad na 62+) ☐ Pagpapalit _____ Nawala _____ Ninakaw Kumpletuhin ang Bahagi 2, 3, 5A, 6 at 7 lamang.			
PAGPAPALIT NG PANGALAN/PAGWAWASTO			
☐ DL ☐ KARD NG ID Kumpletuhin ang Bahagi 2, 3, 5, 6 at 7 lamang.			

2	MANGYARING IBIGAY ANG MGA SUMUSUNOD:
	TALA: Dapat mong gamitin ang iyong tunay na buong pangalan. Ang orihinal na dokumentasyon ay maaaring kailanganin. Sumangguni sa <i>Hanbuk ng Tsuper sa California</i> .

Numero ng Lisensiya ng Tsuper o Numero ng Kard ng ID	Estado o Bansa	Matatapos BUWAN / ARAW / TAON	Petsa ng Pagsilang BUWAN / ARAW / TAON	Numero ng Social Security - - -
Pangalan	Gitnang Pangalan	Apelyido	Kakabit (Jr., Sr., III)	

Address na Pangkoreo, P.O. Box, o Pribadong Mail Box (**Isama ang Box Number, St., Ave., Rd., Blvd., atbp.**), Numero, Kalye, Numero ng Apt/Espasyo, Lungsod, Estado, Zip Code

Address Kung Saan Ka Nakatira (**Kung iba sa address na pangkoreo**), Numero, Kalye, Numero ng Apt/Espasyo, Lungsod, Estado, Zip Code

Kasarian	Kulay ng Buhok	Kulay ng Mata	Taas	Timbang
☐ L ☐ B				

3 **KUMPLETUHIN LAMANG ANG SEKSYONG ITO KUNG IKAW AY HINDI KARAPAT-DAPAT PARA SA NUMERO NG SOCIAL SECURITY:**

Pinatutunayan ko sa ilalim ng parusa sa pagbibigay ng hindi totoong sinumpaang pahayag sa ilalim ng mga batas ng Estado ng California na wala pang Numero ng Social Security na inisyu sa akin at ako ay hindi karapat-dapat sa kasalukuyan sa Numero ng Social Security. Naiintindihan ko na alinsunod sa Seksyon 12801 ng Kodigo sa Sasakyan dapat kong ibigay ang aking Numero ng Social Security sa Kagawaran ng mga Sasakyang De-motor kapag may itinalaga sa akin.

Pirma	Petsa
X	

4 **MGA PANGANGAILANGAN NA PAGLILISENSIYA:** ☒ Lagyan ng tsek ang angkop na (mga) kahon. Sumangguni sa *Hanbuk ng Tsuper sa California para sa karagdagang impormasyon.*

BASIKONG LISENSIYA ☐ Basikong Klase C ☐ Motorsiklo Kung basikong lisensiya lamang, pumunta sa Bahagi 5.	DI-PANGKOMERSIYONG LISENSIYA ☐ Klase A ☐ Klase B	☐ SERTIPIKO PARA SA AMBULANSIYA
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5 **ANG MGA SUMUSUNOD NA TANONG AY DAPAT SAGUTIN:**

A. Nakapag-aplay ka na ba para sa isang Lisensiya ng Tsuper o Kard ng Identipikasyon sa California o ibang estado/bansa na gamit ang ibang pangalan o numero sa loob ng nakalipas na sampung (10) taon? ☐ Oo ☐ Hindi
Kung oo, ilimbag ang pangalan, numero ng, DL/ID, at estado o bansa _____

B. Ang iyo bang pribilehiyong magmaneho o lisensiya ng tsuper ay nakansela na, tinanggihan, naantala, nasuspinde, o pinawalang-bisa? ☐ Oo ☐ Hindi
Kung oo, ilagay ang petsa at dahilan sa ibaba.

_____ PETA _____ DAHILAN

C. Sa loob ng nakalipas na limang taon, nagkaroon ka ba o nakaranas ng alinman sa mga kondisyong medikal na tinukoy sa likod ng pormularyong ito na nakakaapekto sa iyong kakayahan na magpatakbo ng isang sasakyang de-motor nang ligtas? **Mangyaring basahin ang "Impormasyong Medikal" sa likod ng pormularyong ito bago sumagot.** ☐ Oo ☐ Hindi
Kung oo, ipaliwanag nang maikli: _____

6 **NAIS MO BANG MAGPAREHISTRO UPANG MAKABOTO O PALITAN ANG KINASASAPIANG PAMPULITIKA O ADDRESS NG BOTANTE?**

NAIS MO BANG MAGPAREHISTRO UPANG MAKABOTO O PALITAN ANG KINASASAPIANG PAMPULITIKA?	☐ OO—Kumpletuhin ang kalakip na pormularyo ng botante.	PAGPAPALIT NG ADDRESS NG BOTANTE	Ako ay isang nakarehistrong botante, lumipat ako at nais isapanahon ang aking rekord bilang botante.
	☐ HINDI—Huwag kumpletuhin ang kalakip na pormularyo ng botante.		☐ C sa isang bagong county—Kumpletuhin ang kalakip na pormularyo ng botante. ☐ S sa loob ng kaparehong county—Huwag kumpletuhin ang kalakip na pormularyo. Ang iyong rekord bilang botante ay awtomatikong isasapanahon.

7 **GUSTO MO BANG MAGPAREHISTRO UPANG MAGING TAGAHANDOG NG BAHAGI AT TISYU NG KATAWAN?**

GUSTO MO BANG MAGPAREHISTRO UPANG MAGING TAGAHANDOG NG BAHAGI AT TISYU NG KATAWAN?	☐ OO! Gusto kong maging tagahandog ng bahagi at tisyu ng katawan.	Kung minarkahan mo ang "OO!" idinaragdag ka sa talaan ng tagahandog ng bahagi at tisyu ng katawan na Donate Life California at ang isang rosas na tuldok para sa tagahandog ay ililimbag sa harap ng iyong lisensiya ng tsuper o kard ng identipikasyon. Kung ikaw ay kasalukuyang nakarehistro, dapat mong lagyan ng tsek ang "YES!" upang ang rosas na tuldok para sa tagahandog ay ilimbag sa iyong lisensiya o kard ng identipikasyon. Kung nais mong tanggalin ang iyong pangalan mula sa talaan ng tagahandog, dapat kang makipag-ugnayan sa Donate Life California (tingnan ang likod). Ang Kagawaran ng mga Sasakyang De-motor lamang ang makakatanggal ng rosas na tuldok para sa tagahandog mula sa iyong lisensiya o kard ng identipikasyon.
	☐ \$2 boluntaryong kontribusyon upang suportahan at itaguyod ang paghahandog ng bahagi at tisyu ng katawan.	

8 **PARA SA TSUPER NA WALA PANG 18, KINAKAILANGAN ANG MGA FIRMA NG MAGULANG/TAGAPANGALAGA:**
Kung ang parehong magulang/tagapangalaga ay may magkasamang pag-iingat, **ANG PAREHO AY DAPAT PUMIRMA.** Tinatanggap ko/namin ang sibil na pananagutan para sa menor na ito.

Pirma ng Ina/Tagapangalaga	Petsa	Numero ng Telepono sa Araw ()		
X				
Address Kalye	Numero ng Apt.	Lungsod	Estado	Zip
Pirma ng Ama/Tagapangalaga	Petsa	Numero ng Telepono sa Araw ()		
X				
Address Kalye	Numero ng Apt.	Lungsod	Estado	Zip

9 **SERTIPIKASYON:** Binasa ko, naiintindihan ko at sumasang-ayon ako sa mga nilalaman ng pormularyong ito, kabilang ang mga sertipikasyon sa **LIKOD** ng pormularyong ito. *Pinatutunayan (o ipina-hahayag) ko sa ilalim ng parusa sa pagbibigay ng hindi totoong sinumpaang pahayag sa ilalim ng mga batas ng Estado ng California na ang mga naunang binanggit ay totoo at tama.*

TUMIGIL Huwag pipirmahan hanggang tagubilinan ng gawin ito ng isang empleyado ng DMV.

Pirma ng Aplikante	FOR DMV FIELD OFFICE USE ONLY
X	
Petsa	Numero ng Telepono sa Araw ()

MAHALAGA NA BASAHIN MO AT INTINDIHIN ANG MGA SUMUSUNOD
NA IMPORMASYON AT SERTIPIKASYON

IMPORMASYONG MEDIKAL

Ang mga sumusunod na kalagayan na maaaring makaapekto sa iyong kakayahang magpatakbo ng isang sasakyang de-motor nang ligtas ay kabilang ang, pero hindi limitado sa:

- pagkawala ng malay, o
- sumpong ng malaking kalituhan na sanhi ng anumang kalagayan na maaaring magdala ng mga paulit-ulit na paglala, o
- sakit, karamdaman, o kapansanan (halimbawa ng mga ito ay sakit na himatay, diyabetis, atake, katarata, Parkinson's disease); o
- paghina o pagbabago sa iyong paningin dahil sa katarata, macular degeneration, diabetic retinopathy, glaucoma, retinitis pigmentosa, o ibang progresibong kalagayan, o
- mga problemang pangkalusugan dahil sa pag-abuso ng alkohol o droga.

PAGPAPAREHISTRO NG BOTANTE

Kung ang botante ay hindi nakatanggap ng impormasyon sa pagpaparehistro ng botante sa loob ng 30 araw pagkaraang hilingin ito, dapat siyang makipag-ugnayan sa Lokal na Opisina sa mga Halalan ng Kalihim ng Estado.

PAHAYAG NG TAGAHANDOG NG BAHAGI NG KATAWAN

Kung iminarka mo sa harap ng aplikasyon na gusto mong maging tagahandog ng bahagi at tisyu ng katawan kapag namatay, ang iyong pahintulot ay dapat magsilbing legal na may-bisang dokumento gaya ng nakabalangkas sa ilalim ng Batas sa Magkakatulad na Regalong Anatomikal sa California. Maliban sa kaso kung saan ang tagahandog ay wala pang 18 taong gulang, ang handog ay hindi nangangailangan ng pahintulot ng sinumang ibang tao. Para sa mga tagahandog na wala pang 18 walong gulang, ang legal na tagapangalaga ng tagahandog ay dapat gumawa ng panghuling desisyon tungkol sa paghahandog. Kung gusto mong palitan ang iyong desisyon sa hinaharap, o kung gusto mong ilimita ang handog sa mga partikular na bahagi ng katawan, tisyu o pananaliksik, dapat kang makipag-ugnayan sa Donate Life California sa pamamagitan ng koreo sa 1760 Creekside Oaks Drive, # 220, Sacramento, CA 95833 o online sa www.donateLIFecalifornia.org, o www.doneVIDAcalifornia.org.

MGA PAHAYAG NG PAGSISIWALAT

- **PAGSISIWALAT NG PAGKUHA NG NUMERO NG SOCIAL SECURITY — Ikaw ay inaatasan ng batas na magbigay ng Numero ng Social Security, kung ikaw ay karapat-dapat dito, o ang iyong aplikasyon ay tatanggihan. Ang isang aplikante na legal na naninirahan sa Estados Unidos, pero hindi pinahihintulutan na magtrabaho at dahil dito ay hindi karapat-dapat sa Numero ng Social Security ay maaari pa ring maging karapat-dapat sa Lisensiya ng Tsuper sa California/Kard ng Identipikasyon.**
Ang awtoridad na kumuha ng numero ng social security ay nasa Kodigo ng Estados Unidos, Titulo 42, Kabanata 7, Napapailalim na Kabanata II, Seksyon 405 at Kodigo sa Sasakyan ng California §1653.5, §12800, at §12801. Ito ay gagawin sa pangangasiwa ng mga batas sa lisensiya ng tsuper at mga batas sa pagpaparehistro ng sasakyang de-motor at upang tugunan ang mga kahilingan para sa impormasyon mula sa:
 - Lupon sa Prangkisiya ng Buwis para sa pangangasiwa ng buwis
 - Anumang ahensiyang tumatakbo alinsunod sa 42 U.S.C. 601 at kasunod.Ito ay gagamitin upang tumulong sa pagsingil ng mga pera na may kaugnayan sa:
 - ✓ hindi pagbabayad ng mga multa o hindi pagharap ng aplikante sa hukuman
 - ✓ Tulong sa mga Pamilyang may mga Nakadependeng Anak
 - ✓ Suporta sa Anak
 - ✓ Pagtiyak ng Pagkaama
- Tinitiyak ng DMV kung tunay ang iyong numero ng social security, pangalan ang petsa ng pagsilang sa aming mga rekord sa Pangasiwaan ng Social Security. Hindi ka iisyuhan o hindi mo magagawang magpanibago ng iyong lisensiya sa pagmamenho o kard ng identipikasyon hangang patotohanan ng Pangasiwaan ng Social Security ang impormasyon na ibinigay mo ay tama. Sa pag-aplay para sa lisensiya ng tsuper o kard ng identipikasyon, ikaw ay nagpapahintulot at sumasang-ayon sa paghahanap sa alinman at lahat ng mga tipunan ng datos sa Pangasiwaan ng Social Security ng Kagawaran ng mga Sasakyang De-motor ng California, upang patotohanan ang impormasyong ibinigay mo.
- Sinusuri ng DMV ang katayuan ng rekord sa pagmamaneho sa ibang mga hurisdiksiyon sa pamamagitan ng Pambansang Listahan ng Tsuper (National Driver Registry) bago ang pag-isyu ng lisensiya ng tsuper sa California. Hindi ka iisyuhan ng isang lisensiya ng tsuper sa California kung ang ibang hurisdiksiyon ay nag-alis ng iyong pribilehiyong magmaneho.
- Ang address na pangkoreo na nakalista sa harap ng aplikasyong ito ay siyang magiging address na nakalagay sa iyong lisensiya ng tsuper o kard ng identipikasyon.

PAHAYAG NG PAGPAPAYO

Ang impormasyon na iniaatas sa pormularyong ito ay tungkol sa pagiging karapat-dapat sa lisensiya ng tsuper at pag-isyu nito. Ito ay iniaatas sa ilalim ng awtoridad ng Dibisyon 6 ng Kodigo sa Sasakyan ng California. Ang hindi pagbibigay ng impormasyon ay dahilan para sa pagtanggig mag-isyu ng lisensiya ng tsuper, o sa ilang kaso, pagkansela o pagbawai ng pribilehiyong magmaneho.

- Maliban kung ginawang kompidensiyal (ang impormasyong medikal ang kompidensiyal sa ilalim ng awtoridad ng §1808.5 ng Kodigo sa Sasakyan ng California) o hindi kasama sa ilalim ng Batas sa mga Pampublikong Rekord, ang impormasyon ay isang pampublikong rekord at palagiang ginagamit ng mga ahensiya ng pagpapatupad ng batas at mga kompanya ng seguro.
- Ang daan sa impormasyon sa address ay ipinagbabawal ngayon, at makukuha ng iba-ibang pinahintulutang humiling para sa limitadong paggamit. Ang mga indibidwal ay makakakuha ng mga kopya para sa kanilang sariling impormasyon sa mga pangkaraniwang oras ng opisina.

PAG-UUSIG NG KRIMEN

- Kung nagbigay ka ng huwad na impormasyon, ang DMV ay maaaring gumawa ng pag-uusig ng krimen.
- Sinumang tao na gumagamit ng huwad na dokumento upang itago ang kanyang tunay na pagkamamamayan o katayuan bilang residenteng dayuhan ay nagkasala ng isang felony alinsunod sa §114 ng Kodigo sa Parusa ng California.

MGA PAGSASAULI NG BAYAD

- Sa sandaling ang pormularyong ito ng aplikasyon ay maisumite, walang gagawing pagsasauli ng bayad.

MGA SERTIPIKASYON

- Sumasang-ayon ako na sumailalim sa kemikal na pagsusuri ng aking dugo, hininga, o ihi para malaman ang taglay na alkohol o droga ng aking dugo kapag ang pagsusuri ay hiniling ng isang opisyal na pangkapayapaan alinsunod sa §23612 ng Kodigo sa Sasakyan ng California.
- Sa pamamagitan nito ay sinasabihan ako na ang pagiging nasa ilalim ng panglawensiya ng alkohol o droga, o pareho, ay nagpapahina ng kakayahan na ligtas na patakbuhin ang isang sasakyang de-motor. Dahil dito, labis na mapanganib sa buhay ng tao na magmaneho nang nasa ilalim ng impluwensiya ng alkohol o droga, o pareho. Kung ako ay magmamaneho habang nasa ilalim ng impluwensiya ng alkohol o droga, o pareho, at bilang resulta, ang isang tao ay namatay, maaari akong kasuhan ng pagpatay ng tao.
- Sa pagpirma sa aplikasyong ito, pinatutunayan ko na ako ay pinasabihan na kung ako ay wala pang 21 taong gulang, hindi ako legal na makakapagmaneho na may konsentrasyon ng alkohol sa dugo (BAC) na 0.01% o higit. Ang pagmamaneho na may BAC na 0.01% o higit, o pagtanggig sumailalim, o hindi pagkumpleto ng pagsusuri ukol sa alkohol o droga, ay nagreresulta sa isang-taong pagsuspinde ng aking pribilehiyong magmaneho.
- Sa pagpirma sa aplikasyong ito, pinatutunayan ko na ako ay sinabihan na kung ako ay kasalukuyang nasa probasyon ng hukuman dahil sa pagkakasalang pagmamaneho na nasa ilalim ng impluwensiya, hindi ako legal na makakapagmaneho nang may konsentrasyon ng alkohol sa dugo (BAC) na .01% o higit. Ang pagmamaneho nang may BAC na .01% o higit ay magreresulta sa isang-taong pagsuspinde ng aking pribilehiyong magmaneho. Ang pagtanggig sumailalim, o hindi pagkumpleto ng pagsusuri sa alkohol o kemikal na iksamen ay magreresulta sa dalawa hanggang tatlong taong pagsuspinde/ pagpapawalang-bisa ng aking pribilehiyong magmaneho
- Ako ang taong ang pangalan ay nakalagay sa harap ng pormularyong ito. Ang address na pangkoreo na ipinapakita ay may-bisa, pangkasalukuyan, at tumpak. Sumasang-ayon ako na tumanggap ng serbisyo ng proseso sa address na pangkoreo na ito alinsunod sa §§415.20(b), 415.30(a), at §416.90 ng Kodigo sa Pamamaraang Sibil ng California.
- Naiintindihan ko na ang DMV ay maaaring magdagdag ng mga pagkakasala sa trapiko na iniulat ng ibang mga estado o hurisdiksiyon sa aking rekord ng pagmamaneho na maaaring magresulta sa mga hakbang laban sa aking pribilehiyong magmaneho sa California.
- Sa pagpirma ng pormularyong ito, tinatanggap ko na ang aking paninirahan sa Estados Unidos ay ipinahihintulot sa ilalim ng pederal na batas.
- Naiintindihan ko na hindi ako maaaring magkaroon o kumontrol ng higit sa isang lisensiya ng tsuper alinsunod sa §12511 ng Kodigo sa Sasakyan ng California.



Cơ Quan Phục Vụ Cộng Cộng

HQ
MICROGRAPHICS
USE ONLY

44

ĐƠN XIN BẰNG LÁI XE HOẶC THẺ CĂN CƯỚC

DO NOT DUPLICATE

1	MỤC ĐÍCH CỦA QUÝ VỊ ĐẾN VĂN PHÒNG HÔM NAY: ✓ đánh dấu vào (những) ô thích hợp. CHỈ VIẾT BẰNG BÚT ĐEN HOẶC XANH. XIN ĐỌC TẤT CẢ NHỮNG CHI TIẾT GHI TRONG MẶT TRƯỚC VÀ MẶT SAU CỦA ĐƠN NÀY.		FOR DMV USE ONLY	
	XIN BẰNG LÁI XE (DL) ☐ Bằng Lái Xe Lần Đầu/Giấy Phép Học Lái Xe ☐ Tái Cấp Bằng Lái ☐ Xin Lại Bằng Lái Mới ☐ Hủy Bỏ Hạn Chế Trong Bằng Lái Thay Đổi/Xin Lái Thêm Loại Xe Khác Bị Thất Lạc Mất Cấp Điền vào Phần 2 đến phần 8. XIN THẺ CĂN CƯỚC (ID) ☐ Xin Thẻ ID Lần Đầu/Tái Cấp Thẻ ☐ Xin Thẻ ID/Tái Cấp Thẻ Cho Người Cao Niên (Cho người trên 62 tuổi) ☐ Làm Lại Thẻ Khác ☐ Bị Thất Lạc Mất Cấp Chỉ điền những Phần 2, 3, 5A, 6 & 7. SỬA/ĐỔI TÊN ☐ TRONG BẰNG LÁI ☐ TRONG THẺ ID Chỉ điền những Phần 2, 3, 5, 6 & 7.		BD/LP Code State/Country DOCUMENT# Review: Primary Secondary Tech ID/Date	

2	XIN CHO BIẾT NHỮNG CHI TIẾT SAU ĐÂY: LƯU Ý: Quý vị phải cho biết trọn tên thật của quý vị. Có thể cần phải cung cấp bản chính của các giấy tờ. Xem trong tập Cẩm Nang cho Người Lái Xe của California.				
	Số Bằng Lái hoặc Thẻ ID	Tiểu Bang hoặc Quốc Gia	Ngày Hết Hạn THÁNG / NGÀY / NĂM	Ngày Sinh THÁNG / NGÀY / NĂM	Số An Sinh Xã Hội - -
Tên		Tên Lót	Họ	Chữ Theo Sau (Jr., Sr., III)	
Địa Chỉ Gửi Thư, Số Hộp Thư, hoặc Hộp Thư Riêng (Kể cả Số Hộp Thư, St., Ave., Rd., Blvd., v.v.), Số Nhà, Tên Đường, Số Chung Cư/Lô Đất, Thành Phố, Tiểu Bang, Số Bưu Chính					
Địa Chỉ Nơi Quý Vị Cư Ngụ (Nếu khác với địa chỉ gửi thư), Số Nhà, Tên Đường, Số Chung Cư/Lô Đất, Thành Phố, Tiểu Bang, Số Bưu Chính					

Phái Tính	Màu Tóc	Màu Mắt	Chiều Cao	Cân Nặng
☐ Nam ☐ Nữ				

3	CHỈ ĐIỂN VÀO PHẦN NÀY NẾU QUÝ VỊ KHÔNG ĐỦ ĐIỀU KIỆN ĐỂ XIN SỐ AN SINH XÃ HỘI:	
	Tôi xác nhận sẽ chịu mọi hình phạt theo luật Tiểu Bang California nếu khai gian rằng tôi chưa bao giờ được cấp Số An Sinh Xã Hội và hiện thời tôi không đủ điều kiện để được cấp Số An Sinh Xã Hội. Chiếu theo Bộ Luật Xe Cộ Đoạn 12801 tôi hiểu rằng tôi phải báo cho Nha Lộ Vận biết Số An Sinh Xã Hội của tôi khi tôi có.	
Chữ ký		Ngày
X		

4	LOẠI BẰNG CẦN XIN: ✓ Đánh dấu vào (những) ô thích hợp. Xem trong tập Cẩm Nang cho Người Lái Xe của California để biết thêm chi tiết.		
	BẰNG LÁI CĂN BẢN ☐ Loại C Căn Bản ☐ Xe Mô Tô Nếu chỉ xin bằng lái căn bản, hãy qua Phần 5. BẰNG LÁI LOẠI XE KHÔNG THƯƠNG MẠI ☐ Loại A ☐ Loại B GIẤY CHỨNG NHẬN LÁI XE CỨU THƯƠNG		

5	PHẢI TRẢ LỜI NHỮNG CÂU HỎI SAU ĐÂY:	
	A. Trong mười (10) năm qua quý vị có dùng một tên khác hoặc số khác để xin Bằng Lái hoặc Thẻ Căn Cước tại California hay tại một tiểu bang/quốc gia khác không? ☐ Có ☐ Không Nếu có, xin viết tên, số Bằng Lái/Thẻ ID, và tiểu bang hoặc quốc gia	
B. Quý vị có bị hủy bỏ, từ khước, hoãn bằng lái, đình chỉ, hoặc bị rút quyền lái xe hay bằng lái hay không? ☐ Có ☐ Không Nếu có, xin viết vào dưới đây ngày nào và lý do.		
..... NGÀY LÝ DO		
C. Trong năm năm qua, quý vị có bị hay đã bị bất cứ chứng bệnh nào ghi ở mặt sau của đơn này làm ảnh hưởng đến khả năng lái xe an toàn của quý vị không? Xin đọc phần “Các Chứng Bệnh” ghi ở mặt sau của đơn này trước khi trả lời. ☐ Có ☐ Không Nếu có, xin giải thích vắn tắt:		

6	QUÝ VỊ CÓ MUỐN GHI DANH ĐI BẦU HOẶC THAY ĐỔI VIỆC GIA NHẬP ĐẢNG CHÍNH TRỊ HAY THAY ĐỔI ĐỊA CHỈ ĐI BẦU KHÔNG?			
	QUÝ VỊ CÓ MUỐN GHI DANH ĐI BẦU HOẶC THAY ĐỔI VIỆC GIA NHẬP ĐẢNG CHÍNH TRỊ KHÔNG? Y ☐ CÓ—Xin điền vào đơn ghi danh đi bầu đính kèm. N ☐ KHÔNG—Đừng điền vào đơn ghi danh đi bầu đính kèm.	CỬ TRƯ THAY ĐỔI ĐỊA CHỈ	Tôi là cử tri đã ghi danh, tôi đã dời chỗ ở và muốn cập nhật hồ sơ bầu cử của tôi. C ☐ đến một quận mới—Xin điền vào đơn ghi danh đi bầu đính kèm. S ☐ trong cùng một quận—Đừng điền vào đơn đính kèm. Hồ sơ bầu cử của quý vị sẽ được tự động cập nhật.	

7	QUÝ VỊ CÓ MUỐN ĐĂNG KÝ LÀ NGƯỜI HIẾN TẶNG BỘ PHẬN VÀ MÔ CƠ THỂ KHÔNG?	
	QUÝ VỊ CÓ MUỐN ĐĂNG KÝ LÀ NGƯỜI HIẾN TẶNG BỘ PHẬN VÀ MÔ CƠ THỂ KHÔNG? ☐ CÓ! Tôi muốn được hiến tặng bộ phận và mô cơ thể. ☐ Tình nguyện đóng góp \$2 để ủng hộ và khuyến khích chương trình hiến tặng bộ phận và mô cơ thể. Nếu quý vị đánh dấu vào chữ “CÓ!” thì tên quý vị sẽ được lưu trong Cơ Quan Lưu Ký Hiến Tặng bộ phận và mô cơ thể California và mặt trước của bằng lái hay thẻ căn cước của quý vị sẽ in một chấm tròn màu hồng dành cho người hiến tặng bộ phận trong cơ thể. Nếu quý vị hiện đã đăng ký hiến tặng bộ phận và mô cơ thể, quý vị phải đánh dấu vào chữ “CÓ!” để bằng lái hay thẻ căn cước của quý vị có in một chấm tròn màu hồng dành cho người hiến tặng bộ phận và mô cơ thể. Nếu quý vị muốn lấy tên ra khỏi danh sách những người hiến tặng bộ phận trong cơ thể, quý vị phải liên lạc với Cơ Quan Lưu Ký Hiến Tặng Bộ Phận và Mô Cơ Thể California (Donate Life California) (xem mặt sau). Nha Lộ Vận chỉ có thể hủy bỏ chấm tròn màu hồng trên bằng lái hay thẻ căn cước của người hiến tặng bộ phận trong cơ thể.	

8	NHỮNG NGƯỜI LÁI XE DƯỚI 18 TUỔI, PHẢI CÓ CHỮ KÝ CỦA CHA MẸ/NGƯỜI GIÁM HỘ: Nếu cả hai cha mẹ/người giám hộ đều là người nuôi dưỡng đứa trẻ, THÌ CẢ HAI ĐỀU PHẢI KÝ TÊN. Tôi/Chúng tôi lãnh nhận trách nhiệm pháp lý dân sự của đứa trẻ vị thành niên này.			
	Chữ Ký của Mẹ/Người Giám Hộ	Ngày	Số Điện Thoại Ban Ngày ()	
Địa Chỉ Tên Đường		Số Chung Cư	Thành Phố	Tiểu Bang Số Bưu Chính
Chữ Ký của Cha/Người Giám Hộ		Ngày	Số Điện Thoại Ban Ngày ()	
Địa Chỉ Tên Đường		Số Chung Cư	Thành Phố	Tiểu Bang Số Bưu Chính

9	PHẦN XÁC NHẬN: Tôi đã đọc, hiểu và đồng ý với những điều nêu trong đơn này, kể cả phần xác nhận ở MẶT SAU của đơn này. Tôi xác nhận (hoặc tuyên bố) rằng những chi tiết khai trong đơn này là đúng sự thật và chính xác và xin chịu mọi hình phạt theo luật Tiểu Bang California nếu khai gian.	
	NGỪNG LẠI Đừng ký tên, chờ cho đến khi nhân viên của DMV yêu cầu quý vị ký.	
Chữ Ký của Người Đứng Đơn		FOR DMV FIELD OFFICE USE ONLY
Ngày		
Số Điện Thoại Ban Ngày ()		

QUÝ VỊ CẦN ĐỌC, HIỂU RÕ VÀ XÁC NHẬN
NHỮNG ĐIỀU QUAN TRỌNG SAU ĐÂY

CÁC CHỨNG BỆNH

Những chứng bệnh sau đây có thể làm ảnh hưởng đến khả năng lái xe an toàn của quý vị, nhưng không phải chỉ giới hạn đến:

- bị bất tỉnh; hoặc
- bị bối rối gây ra bởi bất cứ tình trạng nào khiến bệnh có thể tái phát; hoặc
- bị bệnh, bị rối loạn, hay khuyết tật (thí dụ như bị động kinh, tiểu đường, tai biến mạch máu não, mắt bị kéo màng, bệnh Parkinson); hoặc
- tầm nhìn bị giảm hay bị thay đổi do mắt bị kéo màng, suy nhược giác mạc, bị võng mạc do tiểu đường, bệnh tăng nhãn áp, mờ sắc tố võng mạc, hay tình trạng bệnh đang phát triển khác; hoặc
- bị vấn đề về sức khỏe do lạm dụng rượu hoặc ma túy.

GHI DANH BẦU CỬ

Nếu cử tri chưa nhận được đơn ghi danh bầu cử trong vòng 30 ngày sau khi đã yêu cầu, họ nên liên lạc với Văn Phòng Bầu Cử Địa Phương của Văn Phòng Tổng Thư Ký Tiểu Bang.

XÁC NHẬN VỀ VIỆC HIẾN TẶNG BỘ PHẬN TRONG CƠ THỂ

Nếu quý vị đánh dấu vào mặt trước của đơn rằng quý vị muốn hiến tặng bộ phận và mô cơ thể khi qua đời, thì sự ưng thuận của quý vị sẽ được xem như hợp pháp như đã nêu trong Đạo Luật Hiến Tặng Bộ Phận Trong Cơ Thể của California (California Uniform Anatomical Gift). Việc hiến tặng không đòi hỏi phải có sự chấp thuận của bất cứ một người nào khác, ngoại trừ trường hợp người hiến tặng dưới 18 tuổi. Những người hiến tặng dưới 18 tuổi, thì người giám hộ pháp định của người hiến tặng sẽ là người đưa ra quyết định cuối cùng liên quan đến việc hiến tặng. Nếu sau này quý vị muốn thay đổi quyết định, hoặc nếu quý vị muốn giới hạn việc hiến tặng bộ phận, mô cơ thể hoặc để nghiên cứu, quý vị phải liên lạc với Donate Life California bằng cách gửi thư đến địa chỉ 1760 Creekside Oaks Drive, # 220, Sacramento, CA 95833 hoặc vào mạng điện toán ở địa chỉ at www.donateLIFeCalifornia.org, hay www.doneVIDAcalifornia.org

THÔNG BÁO VỀ VIỆC TIẾT LỘ

- CHO BIẾT VIỆC THU THẬP SỐ AN SINH XÃ HỘI** — Theo luật đòi hỏi quý vị phải cho biết Số An Sinh Xã Hội của quý vị, nếu quý vị có, nếu không, đơn của quý vị sẽ bị từ khước. Những ai nộp đơn là người được hợp pháp hiện diện tại Hoa Kỳ, nhưng không được phép đi làm và hơn nữa họ không đủ điều kiện xin Số An Sinh Xã Hội họ vẫn có thể hợp lệ để xin Bằng Lái/Thẻ Căn Cước California. Thẩm quyền để được thu thập số an sinh xã hội là chiếu theo Bộ Luật Hoa Kỳ, Tựa Đề 42, Chương 7, Tiểu Chương II, Đoạn 405 và Bộ Luật Xe Cộ California §1653.5, §12800, và §12801. Quyền này sẽ được dùng trong luật điều hành bằng lái và luật đăng bộ xe cộ và để hồi đáp những yêu cầu về các chi tiết từ:
 - Hội Đồng Thuế Môn Bài để điều hành thuế
 - Bất cứ cơ quan nào điều hành chiếu theo 42 U.S.C. 601 và tiếp theoSố này sẽ được dùng để giúp trong việc truy thu tiền nợ nhằm kết hợp với việc:
 - ✓ không trả tiền phạt hoặc không ra hầu tòa bởi người đứng đơn
 - ✓ Trợ Cấp Cho Gia Đình Có Con Nhỏ
 - ✓ Cấp Dưỡng Con
 - ✓ Thiết Lập Quan Hệ Cha Con
- DMV xác minh số an sinh xã hội, tên và ngày sinh của quý vị trong hồ sơ của chúng tôi với Sở An Sinh Xã Hội. Quý vị sẽ không được cấp hoặc tái cấp bằng lái hay thẻ căn cước cho đến khi Sở An Sinh Xã Hội xác minh những chi tiết quý vị khai là đúng. Khi làm đơn xin bằng lái hoặc thẻ căn cước, quý vị cho phép và chấp thuận cho Nha Lộ Vận California tìm kiếm bất cứ hoặc tất cả những tin tức về quý vị tại Sở An Sinh Xã Hội để xác minh những chi tiết quý vị đã khai.
- DMV kiểm soát hồ sơ lái xe tại những nơi khác có thẩm quyền qua Cơ Quan Đăng Ký Lái Xe Toàn Quốc trước khi cấp bằng lái California. Quý vị sẽ không được cấp bằng lái California nếu một nơi khác có thẩm quyền đã thu hồi đặc quyền lái xe của quý vị.
- Địa chỉ gửi thư ghi trong mặt trước của đơn này sẽ là địa chỉ ghi trong bằng lái hoặc thẻ căn cước của quý vị.

PHẦN CẦN LƯU Ý

- Những chi tiết đòi hỏi trong đơn này có liên quan đến tình trạng hợp lệ và việc cấp bằng lái. Điều này đòi hỏi chiếu theo thẩm quyền của Phần 6 trong Bộ Luật Xe Cộ California. Không cho biết đầy đủ các chi tiết sẽ bị từ khước cấp bằng lái, hoặc trong một số trường hợp, sẽ bị hủy bỏ hoặc thu hồi quyền lái xe.
- Ngoại trừ việc đòi hỏi phải giữ kín (như chi tiết y khoa cần phải giữ kín chiếu theo thẩm quyền của Bộ Luật Xe Cộ California §1808.5) hoặc được miễn chiếu theo Đạo Luật Hồ Sơ Công Cộng, những chi tiết này là hồ sơ công cộng và được sử dụng thường xuyên bởi cơ quan công lực và các hãng bảo hiểm.
 - Việc tiết lộ địa chỉ nay đã bị giới hạn, và sẽ chỉ tiết lộ cho những nơi nào yêu cầu có thẩm quyền khác nhau trong sự sử dụng giới hạn. Các cá nhân có thể xin bản sao về những chi tiết của chính họ trong giờ làm việc bình thường.

TRUY TỐ HÌNH SỰ

- Nếu quý vị nộp những chi tiết giả mạo, quý vị có thể bị DMV truy tố hình sự.
- Bất cứ ai sử dụng giấy tờ giả mạo để khai gian tình trạng công dân xác thực hay thường trú của họ sẽ bị kết án trọng tội chiếu theo Bộ Luật Hình Sự California §114.

HOÀN TRẢ TIỀN

- Một khi đơn này đã nộp và đóng tiền lệ phí, thì tiền lệ phí sẽ không hoàn trả lại.

XÁC NHẬN

- Tôi đồng ý cho thử nghiệm hóa chất trong máu, hơi thở, hoặc nước tiểu của tôi trong mục đích xác định lượng rượu hay ma túy trong máu khi có yêu cầu thử nghiệm của cảnh sát nhằm phù hợp với Bộ Luật Xe Cộ California §23612.
- Theo đây tôi được cho biết rằng tình trạng say rượu bia hoặc ma túy, hoặc say cả hai thứ, sẽ tác hại đến khả năng lái xe một cách an toàn. Do đó, việc lái xe đang khi say rượu bia hoặc ma túy, hoặc say cả hai thứ, là việc làm cực kỳ nguy hiểm đến tính mạng. Nếu tôi lái xe trong lúc đang say rượu bia hoặc ma túy, hoặc say cả hai thứ, và vì làm như vậy, một người bị thiệt mạng, tôi có thể bị kết tội giết người.
- Khi ký tên vào đơn này, tôi xác nhận rằng tôi đã được biết rằng nếu tôi dưới 21 tuổi, tôi không được phép lái xe với nồng độ rượu trong máu (BAC) là 0.01% hoặc cao hơn. Lái xe với lượng BAC là 0.01% hoặc cao hơn, hay không chịu cho thử nghiệm, hoặc không hoàn tất cuộc thử nghiệm hay xét nghiệm chất ma túy, tôi sẽ bị đình chỉ quyền lái xe một năm.
- Khi ký tên vào đơn này, tôi xác nhận rằng tôi đã được báo cho biết là nếu tôi hiện đang bị tòa quản chế vì tội lái xe khi đang say, thì tôi không được phép lái xe nếu có nồng độ rượu trong máu (BAC) là 0.01% hoặc cao hơn. Lái xe với lượng BAC là 0.01% hoặc cao hơn sẽ bị đình chỉ quyền lái xe của tôi một năm. Từ khước cho thử, hoặc không cho thử rượu hay hóa chất sẽ bị đình chỉ quyền lái xe/rút bằng lái của tôi từ hai đến ba năm.
- Tôi là người có tên ghi ở mặt trước của đơn này. Địa chỉ gửi thư đã khai là hợp lệ, hiện đang sử dụng, và đúng. Tôi đồng ý chấp thuận dịch vụ tiến hành tại địa chỉ gửi thư này dựa theo §§415.20(b), 415.30(a), và §416.90 Bộ Luật Thủ Tục Dân Sự California.
- Tôi hiểu rằng DMV được lưu thêm trong hồ sơ lái xe của tôi những kết án vi phạm giao thông được báo cáo bởi những tiểu bang khác hoặc những nơi có thẩm quyền, điều này có thể làm ảnh hưởng đến quyền lái xe của tôi tại California.
- Khi ký tên vào đơn này, tôi thừa nhận rằng sự hiện diện của tôi tại Hoa Kỳ đã được luật liên bang cho phép.
- Tôi hiểu rằng tôi không được quyền có hoặc sử dụng nhiều hơn một bằng lái chiếu theo Bộ Luật Xe Cộ California §12511.

California Disabled Veteran Business Enterprise Program Requirements

(REV. 9-15-03) (OSP - 4/15/08)

This DVBE packet has been customized for use on Office of State Publishing contracts only.

AUTHORITY. The Disabled Veteran Business Enterprise (DVBE) Participation Goal Program for state contracts is established in Public Contract Code (PCC), Section 10115 et seq., Military and Veterans Code, Section 999 et seq. and California Code of Regulations, Title 2 (2CCR), Section 1896.60 et seq.

The minimum DVBE participation percentage is 3% for this solicitation unless another percentage is specified in the solicitation.

INTRODUCTION. The bidder must document at least one of the options (A or B) in this document to comply with this solicitation's DVBE program requirements. Bids or proposals (hereafter called "bids") that fail to fully document one of the DVBE program requirements options shall be considered non-responsive and ineligible for award.

All information submitted by the intended awardee to comply with this solicitation's DVBE requirements will be verified by the State. If evidence of an alleged violation is found during the verification process, the State shall initiate an investigation with this information in accordance with the requirements of the Public Contract Code, Section 10115, et seq. and the Military and Veterans Code, Section 999 et seq. and follow the investigatory procedures required by the California Code of Regulations, Section 1896.80.

Only State of California, Office of Small Business and DVBE Certification certified DVBEs who perform a commercially useful function relevant to this solicitation may be used to satisfy the DVBE program requirements. The criteria for performing a commercially useful function are contained on page 5, Resources & Information and California Code of Regulations, Title 2, Section 1896.61(l). Verify each DVBE subcontractor's/supplier's certification with the Office of Small Business and DVBE Certification Section to ensure DVBE eligibility.

To meet the DVBE program requirements, bidders must complete and fully document at least one of the following compliance options:
Option A - Commitment to full DVBE participation - For a bidder who is a DVBE or who is able to meet the commitment to use identified DVBE(s) to fulfill the full DVBE participation goal.
Option B - Good Faith Effort - For a bidder documenting its completed effort, made prior to the bid due date, to obtain DVBE participation that may result in partial or no DVBE participation.

PLEASE READ ALL INSTRUCTIONS CAREFULLY. These instructions contain information about the DVBE program requirements, bidder responsibilities, and requirements for performing and documenting each of the three available options as detailed below. Bidders are responsible for thorough review and compliance with these instructions. Document your option selection on the attached STD Form 840, Documentation of Disabled Veteran Business Enterprise Program Requirements.

OPTION A – COMMITMENT -- Commit to meet or exceed the DVBE participation requirement in this solicitation by either Method A1 or A2. Bidders must document DVBE participation commitment by completing and submitting the attached STD 840. Failure to complete and submit STD 840 (Side 1) as instructed shall render your bid non-responsive.

The bidder must provide, prior to contract award, a written agreement signed by the bidder and each proposed DVBE subcontractor. The written agreement will include the DVBE scope of work, work to be performed by the DVBE, term of intended subcontract with the DVBE, anticipated dates the DVBE will perform required work, rate and conditions of payment, total amount of contract to be paid to the DVBE, and the percentage of the entire contract that will be awarded to the DVBE, with each DVBE subcontractor. If this information is contained in the bidder's DVBE written agreement of intent, the agreement may be attached to the STD 840. If further verification is necessary, the state will obtain additional information to verify the above requirements.

Method A1. Certified DVBE bidder:

- a. Commit to performing at least 3% of the contract bid amount (unless otherwise specified) with your firm or in combination with other DVBE(s).
- b. Document DVBE participation on STD 840 (Side 1) and attach a copy of all applicable certifications.
- c. A DVBE bidder working in combination with other DVBEs shall be requested to submit proof of its commitment by submitting a written agreement with the DVBE(s) identified in its bid's STD 840. When requested, the written agreement must be submitted to the address or facsimile number specified and within the timeframe identified in the notification. Failure to submit the requested written agreement as specified may be grounds for bid rejection.

Method A2. Non-DVBE bidder:

- a. Commit to using certified DVBE(s) for at least 3% (unless otherwise specified) of the bid amount.
- b. When a bidder commits to less than the required 3% DVBE participation or its commitment may fall below 3% if specific line items/groups are not selected for award, then Option B, Good Faith Effort must be completed in addition to Option A, Commitment.
- c. Document DVBE participation on STD 840 (Side 1) and attach a copy of the DVBE's certification.
- d. Prior to contract award, a bidder is to submit proof of their commitment by submitting a written agreement with the DVBE(s) identified in its bid's STD 840. The awarding department contracting official named in this solicitation will contact each listed DVBE, by mail, fax or telephone, for verification of the bidder's submitted DVBE information. The written agreement must be submitted to the address or facsimile number specified and within the timeframe identified in the notification. Failure to submit the written agreement as specified may be grounds for bid rejection.

OPTION B – GOOD FAITH EFFORT (GFE) performance and documentation requirements must be completely satisfied prior to bid submission if you are unable to obtain and commit to the full DVBE participation percentage goal (Option A). Perform and document the following Steps 1, 2, 4 and 5 on both sides of the attached STD 840 form. Failure to perform and document GFE Steps 1, 2, 4 & 5 as instructed, which includes properly completing and submitting both sides of STD 840, shall result in your bid being deemed non-responsive.

Step 1 Awarding Department - Contact the department's contracting official named in this solicitation to identify interested DVBEs. You must fully document this contact and describe the results on STD 840 (Side 2).

Step 2 Other State and Federal Agencies, and Local Organizations

STATE Contact the Department of General Services, Procurement Division's (DGS-PD) Office of Small Business and DVBE Certification (OSDC) to obtain a list of certified DVBEs by telephone at (916) 322-5060 for the 24-hour automated telephone system or (916) 375-4940 for the receptionist during normal business hours. This information can also be obtained by searching the online database at <http://www.pd.dgs.ca.gov/smbus>. Begin by selecting Certified Firm Inquiry Services, then search by using either the Keyword Search or the Standard Query options. You must fully document this contact and describe the results on STD 840 (Side 2).

FEDERAL Search the U.S. Small Business Administration's (SBA) online database (Pro-Net) at <http://www.pro-net.sba.gov> to identify potential DVBEs. Select these minimum options in the following sequence: select Search Database; select CA under "State"; select Service Disabled Veteran under "Other Ownership Data"; and "Search Using These Criteria" at the page bottom. The database takes a few moments to query, and then your list will appear on your screen. You may select other criteria to focus your search. You must fully document this contact and describe the results on STD 840 (Side 2).

LOCAL Contact at least one local DVBE organization to identify DVBEs. For a list of local DVBE organizations, please refer to the DVBE Resource Packet that may be accessed online (<http://www.pd.dgs.ca.gov/smbus> - select "DVBE Resource Packet") or obtain a hardcopy by requesting it from DGS-PD Office of Small Business and DVBE Outreach and Education (see the Resources & Information page). You must fully document your contact with local DVBE organizations and describe the results on STD 840 (Side 2).

Step 3 Advertisements are mandatory unless waived by the awarding department.

THE BIDDER'S REQUIREMENT OF HAVING TO ADVERTISE IN A TRADE AND FOCUSED PAPER FOR THIS PARTICULAR PROJECT HAS BEEN WAIVED DUE TO TIME CONSTRAINTS.

Step 4 Invitations to Participate

WHO: Invite (solicit) DVBEs who can provide relevant goods and/or services to this solicitation to subcontract with you. Conducting Steps 1 through 3 produces a list of DVBEs from which you may choose potential DVBEs subcontractors/suppliers to contact. Bidders are advised to contact as many DVBEs (who provide relevant goods and/or services in the applicable location(s)) as possible. Non-California-certified DVBEs are not eligible -- please refer those DVBEs to the OSDC to learn about certification (see the Resources & Information page for contact information).

FOR WHAT: Solicit DVBEs for goods and/or services relevant to the state's solicitation. If you are unable to identify specific portion(s) of the proposed contract to subcontract, the state

encourages bidders to avoid making a predetermination that no DVBEs are able to perform without first contacting and soliciting participation from them. This allows DVBEs to respond whether they can or cannot provide any goods or services related to the solicitation, and provides a bidder with responses for consideration.

HOW TO INVITE & CONTENT REQUIREMENTS: Written invitations are required. At a minimum, invitations must contain all of the following: (1) company name; (2) contact name; (3) address; (4) phone and facsimile (if applicable) numbers; (5) return e-mail address (if applicable); (6) the state's solicitation number; (7) goods and/or services for which the state is soliciting; (8) location of work; and (9) the State's bid(s) due date and/or your due date for receiving DVBE responses.

WHEN: Provide DVBE's with a reasonable time period to receive and respond to your invitation, and to be considered by you for participation as described in Step 5, prior to your bid submission.

DOCUMENT & SUBMIT: Bidders must document the completed contacts on STD 840 (Side 1), Section A. Attach additional copies of STD 840A as necessary to list your DVBE contacts. You are required to attach a copy of: (1) each invitation or offer sent by letter, fax or e-mail; and (2) confirmation of transmittal or delivery. Your bid shall be considered non-responsive if it fails to include copies of the written invitations and delivery confirmations.

Step 5 Consider all responding DVBEs for contract participation. Consideration must be based on business needs for the contract and the same evaluation criteria must be applied to each potential DVBE subcontractor/supplier offering the same goods and services. You must document on STD 840 (Side 1), Section A any firm(s) selected for participation; or if not selected, the reason for non-selection. Attach additional copies of STD 840A as necessary to list all of your DVBE contacts.

- 6. DISABLED VETERAN BUSINESS ENTERPRISE (DVBE) INCENTIVE PROGRAM:** In accordance with Section 999.5(a) of the Military and Veterans Code an incentive will be given to bidders who provide DVBE participation. For evaluation purposes only, the State shall apply an incentive to bids that propose California certified DVBE participation as identified on the Bidder's Std. 840 of the DVBE packet and confirmed by the State. The incentive amount for awards based on low price will vary in conjunction with the percentage of DVBE participation. The following percentages will apply for the award based on low price.

Confirmed DVBE Participation of:	DVBE Incentive:
3% & Above	5%
2% up to 2.99%	3%
1% up to 1.99%	1%

As applicable: (1) Awards based on low price - the net bid price of responsive bids will be reduced (for evaluation purposes only) by the amount of DVBE incentive as applied to the lowest responsive net bid price. If the #1 ranked responsive, responsible bid is a California certified small business, the only bidders eligible for the incentive will be California certified small businesses. The incentive adjustment for awards based on low price cannot exceed 5% or \$100,000, whichever is less, of the #1 ranked net bid price. When used in combination with a preference adjustment, the cumulative adjustment amount cannot exceed \$100,000.

7. PREFERENCE PROGRAMS

For bids in the amount of \$100,000 and over, the following preference programs apply if your firm is qualified:

- Small Business preference - www.pd.dgs.ca.gov *
- Target Area Contract Preference Act (TACPA) - www.pd.dgs.ca.gov/disputes
- Local Agency Military Base Recovery Area (LAMBRA) Act - www.pd.dgs.ca.gov/disputes
- Enterprise Zone Act (EZA) - www.osmb.dgs.ca.gov/eza/program.htm

* The preference for Item a) above applies to all projects no matter what dollar amount.

RESOURCES AND INFORMATION

For assistance in preparing a responsive participation document, **contact the contracting official at the awarding department for this solicitation, which is Elizabeth Parker** E-mail: eparker@dgs.ca.gov

The **advertisement requirement** is waived for this particular solicitation.

Federal - U.S. Small Business Administration (SBA) <i>Internet contact only – see instructions for website navigation</i> PRONET Database: http://dsbs.sba.gov/dsbs/search/dsp_dsbs.cfm	FOR: Service-Disabled Veteran-owned businesses in California (Remember to verify each DVBE's California certification.)
Local Organizations (see the DVBE Resource Packet available from DGS-PD DVBE Program Section listed below)	FOR: List of potential DVBE subcontractors
DGS-PD Office of Small Business and DVBE Certification (OSDC) 707 Third Street, Room 400, West Sacramento, CA 95605 Website: http://www.pd.dgs.ca.gov/smbus 24-hour automated information & document requests: Receptionist: (916) 375-4940 Fax: (916) 375-4950	FOR: Directory of Certified DVBEs Certification Applications Certification Information Certification Status, Concerns
DGS-PD Office of Small Business and DVBE Outreach and Education 707 Third Street, 2 nd Floor, West Sacramento, CA 95605 Voice, 8 am—5 pm: (800) 559-5529 Fax: (916) 375-4597	FOR: DVBE Program Participation Requirements DVBE Program Info. and Statewide Policy DVBE Resource Packet DVBE Business Utilization Plan Small Business/DVBE Advocates

Commercially Useful Function Definition

California Code of Regulations, Title 2, § 1896.61(l):

The term "DVBE contractor, subcontractor or supplier" means any person or entity that satisfies the ownership (or management) and control requirements of Section 1896.61(f); is certified in accordance with Section 1896.70; and provides services or goods that contribute to the fulfillment of the contract requirements by performing a commercially useful function. A DVBE contractor, subcontractor or supplier is considered performing a commercially useful function when it meets the following criteria:

- (1) The business concern is: responsible for the execution of a distinct element of the work of the contract; carrying out its obligation by actually performing, managing or supervising the work involved; and performing work that is normal for its business services and functions, and
- (2) The business concern is not further subcontracting a greater portion of the work than would be expected by normal industry practices.

DOCUMENTATION OF DISABLED VETERAN BUSINESS ENTERPRISE PROGRAM REQUIREMENTS

STD 840 (REV. 9-15-2003)

Designation Of Option Check the appropriate box(es) to indicate the option(s) with which you choose to comply, complete the applicable sections and attach the required supporting documentation. You are advised to read all instructions carefully prior to completing this form. Remember that only California certified DVBEs who can provide related goods and/or services may be used to satisfy these program solicitation requirements.

☐ **OPTION A – I commit to meeting the full DVBE contract participation requirement.**

Complete STD 840, Section A.

☐ **OPTION B – I performed and documented a Good Faith Effort (GFE) in an attempt to obtain DVBE participation.**

Complete STD 840, Section A (for GFE Steps 4 & 5) and STD 840 (REVERSE), Section B (for GFE Steps 1–3).

A. Full information must be provided.

For contract participation commitment, at least one DVBE must be listed. DVBEs must perform a commercially useful function. List the specific goods and/or services with the dollar and/or percentage value(s) that the DVBE(s) commit(s) to provide and the DVBE's tier (prime contractor = 0, subcontractor to prime contractor = 1, subcontractor to Tier 1 subcontractor = 2, etc.). If both the estimated dollar amount and percentage are listed, the higher value supercedes. Attach additional pages to list all other DVBE subcontractors/suppliers (you may use STD 840A). During contract performance, all requests for substituting named DVBEs must be made in accordance with the provisions of California Code of Regulations, Title 2, Section 1896.64(c).

For Good Faith Effort (GFE), use this section to document your first completed contacts with (Step 4), and consideration of (Step 5), relevant DVBEs. Business reasons for non-selection must be documented. Attach additional pages to list all other DVBE contacts (you may use STD 840A). Copies of all written invitations and delivery confirmations must also be attached and submitted with the bid.

BOTH SECTIONS MUST BE COMPLETED FOR GOOD FAITH EFFORT	AT LEAST ONE DVBE MUST BE NAMED FOR PARTICIPATION	Date Contacted / /	DVBE Company Name (If you are the Prime and a DVBE enter your name, otherwise enter the solicited subcontractor.)		
		DVBE Contact Name & Reference #	Telephone Number ()	Fax Number ()	E-mail (if available)
		Street Address, City, State and Zip Code			
		☐ Yes, I am, or I will subcontract with, the listed DVBE to provide the following goods and/or services:			
		Specific Goods and/or Services		Estimated \$ and/or % \$ or %	Tier
		OR	☐ No, I am unable to subcontract with the DVBE for the following business reasons:		
		Date Contacted / /	DVBE Company Name		
		DVBE Contact Name	Telephone Number ()	Fax Number ()	E-mail (if available)
		Street Address, City, State and Zip Code			
OR	☐ Yes, I will subcontract with the listed DVBE to provide the following goods and/or services:				
	Specific Goods and/or Services		Estimated \$ and/or % \$ or %		
	☐ No, I am unable to subcontract with the DVBE for the following business reasons:				

ATTACH ADDITIONAL PAGES (OR USE STD 840A) TO LIST ALL OTHER DVBE CONTACTS

Go to Side 2, Section B to continue Good Faith Effort documentation ð

ADDITIONAL DISABLED VETERAN BUSINESS ENTERPRISE CONTACTS

STD 840A (EST. 9-15-2003)

B. Documentation of Good Faith Effort Steps 1, 2 and 3—Remember to carefully read all instructions prior to completing this form. Please refer to the Resources & Information page for detailed contact information.

STEP 1. Contact the Awarding Department (the contracting official listed below) to identify potential DVBE subcontractors/suppliers, and document this contact as required.

Date / /	Contact Name Elizabeth Parker, Contract Analyst PREFER E-mail: eparker@dgs.ca.gov	FAX Number (916) 322-3763
Describe Result		

STEP 2. Contact all of the following and document your contacts as required: Other state and federal agencies and local organizations to identify potential DVBE subcontractors/suppliers.

A. Other State Agency – Procurement Division, Office of Small Business and DVBE Certification (Certification Office)

PHONE CONTACT OR ONLINE SEARCH	Date / /	Telephone Number (916) 322-5060 (916) 375-4940	Contact Name	☐ I contacted the Certification Office for a list of California certified DVBEs.
	Date / /	Internet Address http://www.pd.dgs.ca.gov/smbus		☐ I searched the Certification Office's online database to identify California certified DVBEs.
Describe Result				

B. Federal Agency – U.S. Small Business Administration (SBA) online database

Date / /	Internet Address This is the specific link to Fed Gov site. http://dsbs.sba.gov/dsbs/search/dsp_dsbs.cfm	☐ I searched the federal online database for California DVBEs.
Describe Result		

C. Local DVBE Organizations – Contact at least one local DVBE organization—refer to the DVBE Resource Packet for a list of acceptable contacts. (<http://www.pd.dgs.ca.gov/smbus> - select “DVBE Resource Packet”)

Date / /	Organization Name	Contact Name	Telephone Number and/or Internet Address () http://www .
Describe Result			
Date / /	Organization Name	Contact Name	Telephone Number and/or Internet Address () http://www .
Describe Result			

STEP 3.

THE BIDDER'S REQUIREMENT OF HAVING TO ADVERTISE IN A TRADE AND FOCUSED PAPER FOR THIS PARTICULAR PROJECT HAS BEEN WAIVED DUE TO TIME CONSTRAINTS.

ADDITIONAL DISABLED VETERAN BUSINESS ENTERPRISE CONTACTS

STD 840A (EST. 9-15-2003)

NOTICE: BE SURE TO INCLUDE THE WRITTEN SOLITICATION WITH YOUR DVBE DOCUMENTATION.

Date Contacted / /	DVBE Company Name
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DVBE Contact Name	Telephone Number ()	Fax Number ()	E-mail (if available)
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Street Address, City, State and Zip Code

OR	☐ Yes, I will subcontract with the listed DVBE to provide the following goods and/or services:		
	Specific Goods and/or Services	Estimated \$ and/or % \$ or %	Tier
	☐ No, I am unable to subcontract with the DVBE for the following business reasons:		

Date Contacted / /	DVBE Company Name
-----------------------	-------------------

DVBE Contact Name	Telephone Number ()	Fax Number ()	E-mail (if available)
-------------------	-------------------------	-------------------	-----------------------

Street Address, City, State and Zip Code

OR	☐ Yes, I will subcontract with the listed DVBE to provide the following goods and/or services:		
	Specific Goods and/or Services	Estimated \$ and/or % \$ or %	Tier
	☐ No, I am unable to subcontract with the DVBE for the following business reasons:		

Date Contacted / /	DVBE Company Name
-----------------------	-------------------

DVBE Contact Name	Telephone Number ()	Fax Number ()	E-mail (if available)
-------------------	-------------------------	-------------------	-----------------------

Street Address, City, State and Zip Code

OR	☐ Yes, I will subcontract with the listed DVBE to provide the following goods and/or services:		
	Specific Goods and/or Services	Estimated \$ and/or % \$ or %	Tier
	☐ No, I am unable to subcontract with the DVBE for the following business reasons:		

Date Contacted / /	DVBE Company Name
-----------------------	-------------------

DVBE Contact Name	Telephone Number ()	Fax Number ()	E-mail (if available)
-------------------	-------------------------	-------------------	-----------------------

Street Address, City, State and Zip Code

OR	☐ Yes, I will subcontract with the listed DVBE to provide the following goods and/or services:		
	Specific Goods and/or Services	Estimated \$ and/or % \$ or %	Tier
	☐ No, I am unable to subcontract with the DVBE for the following business reasons:		

ADDITIONAL DISABLED VETERAN BUSINESS ENTERPRISE CONTACTS

STD 840A (EST. 9-15-2003) (REVERSE)

Continuation from Section A, STD 840 in case there are additional contacts to list.

Date Contacted / /	DVBE Company Name
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DVBE Contact Name	Telephone Number ()	Fax Number ()	E-mail (if available)
-------------------	-------------------------	-------------------	-----------------------

Street Address, City, State and Zip Code

OR	☐ Yes, I will subcontract with the listed DVBE to provide the following goods and/or services:		
	Specific Goods and/or Services	Estimated \$ and/or % \$ or %	Tier
	☐ No, I am unable to subcontract with the DVBE for the following business reasons:		

Date Contacted / /	DVBE Company Name
-----------------------	-------------------

DVBE Contact Name	Telephone Number ()	Fax Number ()	E-mail (if available)
-------------------	-------------------------	-------------------	-----------------------

Street Address, City, State and Zip Code

OR	☐ Yes, I will subcontract with the listed DVBE to provide the following goods and/or services:		
	Specific Goods and/or Services	Estimated \$ and/or % \$ or %	Tier
	☐ No, I am unable to subcontract with the DVBE for the following business reasons:		

Date Contacted / /	DVBE Company Name
-----------------------	-------------------

DVBE Contact Name	Telephone Number ()	Fax Number ()	E-mail (if available)
-------------------	-------------------------	-------------------	-----------------------

Street Address, City, State and Zip Code

OR	☐ Yes, I will subcontract with the listed DVBE to provide the following goods and/or services:		
	Specific Goods and/or Services	Estimated \$ and/or % \$ or %	Tier
	☐ No, I am unable to subcontract with the DVBE for the following business reasons:		

Date Contacted / /	DVBE Company Name
-----------------------	-------------------

DVBE Contact Name	Telephone Number ()	Fax Number ()	E-mail (if available)
-------------------	-------------------------	-------------------	-----------------------

Street Address, City, State and Zip Code

OR	☐ Yes, I will subcontract with the listed DVBE to provide the following goods and/or services:		
	Specific Goods and/or Services	Estimated \$ and/or % \$ or %	Tier
	☐ No, I am unable to subcontract with the DVBE for the following business reasons:		

DVBE Program Requirements Supplier Checklist

Please do not submit this checklist with your bid. It is just your personal worksheet. Checking every box of your elected compliance option does not guarantee that your bid will be evaluated compliant.

☐ OPTION A: COMMITMENT TO DVBE CONTRACT PARTICIPATION

- ☐ STD 840 included with bid
- ☐ DVBE Written Agreement
- ☐ Designated the Commitment Option – Checked the first box
- ☐ Listed at least one California certified DVBE subcontractor
- ☐ Checked the box(es) for “Yes ...”
- ☐ Listed specific goods and/or services DVBE(s) agrees to provide
- ☐ Proposed DVBE contract performance is a “commercially useful function” relevant to the contract
- ☐ Listed the estimated dollar amount and/or percentage of contract for the DVBE’s participation
- ☐ Proposed DVBE participation meets the 3% requirement (unless a different percentage is specified)
- ☐ Attached a copy of the DVBE’s certification letter from the Department of General Services

☐ OPTION B: GOOD FAITH EFFORT (GFE)

- ☐ STD 840 included with bid
- ☐ Designated the GFE Option – Checked the second box
- ☐ (Step 4) Listed all DVBEs contacted and invited to perform on the proposed contract
- ☐ Confirmed that listed DVBEs are California certified
- ☐ Attached copies of the invitations sent to the listed DVBEs
- ☐ Invitations included the required contact information
- ☐ Attached copies of the delivery confirmations for invitations to DVBEs (e.g. mail receipts, fax confirmations, etc.)
- ☐ (Step 5) Checked the “No” boxes and listed the business reasons for non-selection of DVBEs contacted
- ☐ (Step 1) Contacted the Awarding Department and listed contact and results
- ☐ (Step 2) Contacted Other State agency (Office of Small Business and DVBE Certification) and listed the contact and results
- ☐ (Step 2) Searched the Federal Pro-net internet database and noted the results
- ☐ (Step 2) Contacted Local DVBE Organization(s) and listed the contact and results
- ☐ ~~(Step 3) Advertised – IF NOT WAIVED~~ **ADVERTISEMENT WAIVED**
 - ~~— Listed full information for the advertisement(s) and publication(s)~~
 - ~~— [2 ads in one trade and in one DVBE focus publication; OR 1 ad in one dual-purpose publication]~~
- ☐ ~~Attached a copy of the advertisement(s)~~
- ☐ ~~The advertisement(s) were published at least 14 days prior to the bid due date~~
- ☐ ~~The advertisement(s) included my required contact information~~

Sample of how the Good Faith Effort document is to be filled out if no DVBE firms could be utilized.

STATE OF CALIFORNIA – GENERAL SERVICES PROCUREMENT DIVISION

DOCUMENTATION OF DISABLED VETERAN BUSINESS ENTERPRISE PROGRAM REQUIREMENTS

STD 840 (REV. 9-15-2003)

Designation Of Option Check the appropriate box(es) to indicate the option(s) with which you choose to comply, complete the applicable sections and attach the required supporting documentation. You are advised to read all instructions carefully prior to completing this form. Remember that only California certified DVBEs who can provide related goods and/or services may be used to satisfy these program solicitation requirements.



OPTION A – I commit to meeting the full DVBE contract participation requirement.

Complete STD 840, Section A.



OPTION B – I performed and documented a Good Faith Effort (GFE) in an attempt to obtain DVBE participation.

Complete STD 840, Section A (for GFE Steps 4 & 5) and STD 840 (REVERSE), Section B (for GFE Steps 1–3).

A. Full information must be provided.

For contract participation commitment, at least one DVBE must be listed. DVBEs must perform a commercially useful function. List the specific goods and/or services with the dollar and/or percentage value(s) that the DVBE(s) commit(s) to provide and the DVBE's tier (prime contractor = 0, subcontractor to prime contractor = 1, subcontractor to Tier 1 subcontractor = 2, etc.). If both the estimated dollar amount and percentage are listed, the higher value supercedes. Attach additional pages to list all other DVBE subcontractors/suppliers (you may use STD 840A). During contract performance, all requests for substituting named DVBEs must be made in accordance with the provisions of California Code of Regulations, Title 2, Section 1896.64(c).

For Good Faith Effort (GFE), use this section to document your first completed contacts with (Step 4), and consideration of (Step 5), relevant DVBEs. Business reasons for non-selection must be documented. Attach additional pages to list all other DVBE contacts (you may use STD 840A). Copies of all written invitations and delivery confirmations must also be attached and submitted with the bid.

BOTH SECTIONS MUST BE COMPLETED FOR GOOD FAITH EFFORT	AT LEAST ONE DVBE MUST BE NAMED FOR PARTICIPATION	Date Contacted 5/15/07	DVBE Company Name (If you are the Prime and a DVBE enter your name, otherwise enter the solicited subcontractor.) ACME Trucking Company								
		DVBE Contact Name & Reference # John Doe		Telephone Number (916) 322-1234	Fax Number ()	E-mail (if available) acme@xixikxi.com					
		Street Address, City, State and Zip Code 1234 Main Street, Sacramento, CA 95823									
		☐ Yes, I am, or I will subcontract with, the listed DVBE to provide the following goods and/or services: <table border="1"> <thead> <tr> <th>Specific Goods and/or Services</th> <th>Estimated \$ and/or %</th> <th>Tier</th> </tr> </thead> <tbody> <tr> <td></td> <td>\$ / %</td> <td></td> </tr> </tbody> </table>				Specific Goods and/or Services	Estimated \$ and/or %	Tier		\$ / %	
		Specific Goods and/or Services	Estimated \$ and/or %	Tier							
			\$ / %								
		OR ☒ No, I am unable to subcontract with the DVBE for the following business reasons: This firm's price is too high. It would put me out of competition. Attached is a copy of the e-mail transaction.									
		Date Contacted / /	DVBE Company Name								
		DVBE Contact Name	Telephone Number ()	Fax Number ()	E-mail (if available)						
		Street Address, City, State and Zip Code									
☐ Yes, I will subcontract with the listed DVBE to provide the following goods and/or services: <table border="1"> <thead> <tr> <th>Specific Goods and/or Services</th> <th>Estimated \$ and/or %</th> <th>Tier</th> </tr> </thead> <tbody> <tr> <td></td> <td>\$ / %</td> <td></td> </tr> </tbody> </table>				Specific Goods and/or Services	Estimated \$ and/or %	Tier		\$ / %			
Specific Goods and/or Services	Estimated \$ and/or %	Tier									
	\$ / %										
OR ☐ No, I am unable to subcontract with the DVBE for the following business reasons:											

ATTACH ADDITIONAL PAGES (OR USE STD 840A) TO LIST ALL OTHER DVBE CONTACTS

B. Documentation of Good Faith Effort Steps 1, 2 and 3—Remember to carefully read all instructions prior to completing this form. Please refer to the Resources & Information page for detailed contact information.

STEP 1. Contact the Awarding Department (the contracting official listed below) to identify potential DVBE subcontractors/suppliers, and document this contact as required.

Date 5/15/07	Contact Name Elizabeth Parker, Contract Analyst PREFER E-mail: eparker@dgs.ca.gov	FAX Number (916) 322-3763
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Describe Result

E-mailed Elizabeth Parker. She replied with a listing of potential DVBE firms and advice on how to fill out the forms.

STEP 2. Contact all of the following and document your contacts as required: Other state and federal agencies and local organizations to identify potential DVBE subcontractors/suppliers.

Other State Agency – Procurement Division, Office of Small Business and DVBE Certification (Certification Office)

PHONE CONTACT OR ONLINE SEARCH	Date / /	Telephone Number (916) 322-5060 (916) 375-4940	Contact Name	☐ I contacted the Certification Office for a list of California certified DVBEs.
	Date 5/15/07	Internet Address http://www.pd.dgs.ca.gov/smbus		☐ I searched the Certification Office's online database to identify California certified DVBEs.

Describe Result

Downloaded the DVBE Resource Packet. Looked for other potential firms. No suitable DVBE firms found for this job.

Federal Agency – U.S. Small Business Administration (SBA) online database

Date 5/15/07	Internet Address This is the specific link to Fed Gov site for DVBE. http://dsbs.sba.gov/dsbs/search/dsp_dsbs.cfm	☐ I searched the federal online database for California DVBEs.
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Describe Result

Searched the website for potential DVBE firms. No suitable DVBE firms found for this job.

Local DVBE Organizations – Contact at least one local DVBE organization—refer to the DVBE Resource Packet for a list of acceptable contacts. (<http://www.pd.dgs.ca.gov/smbus> - select "DVBE Resource Packet")

Date 5/15/07	Organization Name Small Business Exchange	Contact Name	Telephone Number and/or Internet Address () www.sbeinc.com
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Describe Result

Searched the website for potential DVBE firms. No suitable DVBE firms found for this job.

Date / /	Organization Name	Contact Name	Telephone Number and/or Internet Address () http://www.
-------------	-------------------	--------------	---

Describe Result

STEP 3.

THE BIDDER'S REQUIREMENT OF HAVING TO ADVERTISE IN A TRADE AND FOCUSED PAPER FOR THIS PARTICULAR PROJECT HAS BEEN WAIVED DUE TO TIME CONSTRAINTS.

STATE OF CALIFORNIA – GENERAL SERVICES PROCUREMENT DIVISION

SAMPLE OF GOAL ATTAINMENT**DOCUMENTATION OF DISABLED VETERAN BUSINESS ENTERPRISE PROGRAM REQUIREMENTS**

STD 840 (REV. 9-15-2003)

Designation Of Option Check the appropriate box(es) to indicate the option(s) with which you choose to comply, complete the applicable sections and attach the required supporting documentation. You are advised to read all instructions carefully prior to completing this form. Remember that only California certified DVBEs who can provide related goods and/or services may be used to satisfy these program solicitation requirements.

☒ **OPTION A – I commit to meeting the full DVBE contract participation requirement.**

Complete STD 840, Section A.

☐ **OPTION B – I performed and documented a Good Faith Effort (GFE) in an attempt to obtain DVBE participation.** Complete STD 840, Section A (for GFE Steps 4 & 5) and STD 840 (REVERSE), Section B (for GFE Steps 1-3).

A. Full information must be provided.

For contract participation commitment, at least one DVBE must be listed. DVBEs must perform a commercially useful function. List the specific goods and/or services with the dollar and/or percentage value(s) that the DVBE(s) commit(s) to provide and the DVBE's tier (prime contractor = 0, subcontractor to prime contractor = 1, subcontractor to Tier 1 subcontractor = 2, etc.). If both the estimated dollar amount and percentage are listed, the higher value supercedes. Attach additional pages to list all other DVBE subcontractors/suppliers (you may use STD 840A). During contract performance, all requests for substituting named DVBEs must be made in accordance with the provisions of California Code of Regulations, Title 2, Section 1896.64(c).

For Good Faith Effort (GFE), use this section to document your first completed contacts with (Step 4), and consideration of (Step 5), relevant DVBEs. Business reasons for non-selection must be documented. Attach additional pages to list all other DVBE contacts (you may use STD 840A). Copies of all written invitations and delivery confirmations must also be attached and submitted with the bid.

BOTH SECTIONS MUST BE COMPLETED FOR GOOD FAITH EFFORT AT LEAST ONE DVBE MUST BE NAMED FOR PARTICIPATION	Date Contacted	DVBE Company Name (If you are the Prime and a DVBE enter your name, otherwise enter the solicited subcontractor.)		
	5/15/07	ACME Trucking Company (certificate attached)		
	DVBE Contact Name & Reference #	Telephone Number	DVBE Contact Name & Reference #	Telephone Number
	John Doe	(916) 322-1234	John Doe	(916) 322-1234
	Street Address, City, State and Zip Code			
	1234 Main Street, Sacramento, CA 95823			
	☒ Yes, I am, or I will subcontract with, the listed DVBE to provide the following goods and/or services:			
	Specific Goods and/or Services		Estimated \$ and/or %	Tier
	Services – Shipping printed matter to OSP		\$ / 3 %	
	OR	☐ No, I am unable to subcontract with the DVBE for the following business reasons:		
Date Contacted	DVBE Company Name			
/ /				
DVBE Contact Name	Telephone Number	Fax Number	E-mail (if available)	
	()	()		
Street Address, City, State and Zip Code				
☐ Yes, I will subcontract with the listed DVBE to provide the following goods and/or services:				
Specific Goods and/or Services		Estimated \$ and/or %	Tier	
		\$ / %		
OR	☐ No, I am unable to subcontract with the DVBE for the following business reasons:			

ATTACH ADDITIONAL PAGES (OR USE STD 840A) TO LIST ALL OTHER DVBE CONTACTS

Go to Side 2, Section B to continue Good Faith Effort documentation ð

Question and Answers for Bid #OSP-113268-271 - DMV R9166 - Six Languages

OVERALL BID QUESTIONS

There are no questions associated with this bid. If you would like to submit a question, please click on the "Create New Question" button below.