INSTRUCTIONS FOR THE

UNITED STATES OF AMERICA REPUBLIC DRIVER'S LICENSE APPLICATION

INSTRUCTIONS FOR COMPLETING AND SUBMITTING A PAPER DRIVER'S LICENSE APPLICATION

The instructions apply to nationals and citizens who are completing and submitting an original or renewal United States of America Republic Driver's License application. They do not provide technical procedures for people with disabilities who are using assistive equipment.

UNITED STATES OF AMERICA REPUBLIC

DEPARTMENT OF DRIVER SERVICES

DRIVER'S LICENSE / IDENTIFICATION / PERMIT APPLICATION INSTRUCTIONS

(Based on the 2025 U.S.A.R. Driver License Application)

SECTION 1 — GENERAL REQUIREMENTS

To apply for a United States of America Republic (U.S.A.R.) Driver License, Identification Card, or Permit, the applicant must meet the following:

1. **Be a U.S.A.R. National or Citizen.**
2. **Be under age 17½** to apply for a permit.
3. **Be age 17½ or older** to apply for a driver's license.
4. **Wear prescribed corrective lenses**, if required.
5. **List all medical conditions** that could affect safe operation of a motor vehicle.
6. **Submit an affidavit** swearing under penalty of perjury that the applicant has passed both the written test and road test.
7. **Submit a hard copy** of the application—fax and email submissions allow faster review, but originals must be mailed in.

SECTION 2 — HOW TO COMPLETE THE APPLICATION

You must complete **all required fields** in each section.
Applications with missing information will be **rejected and must be resubmitted**.

SECTION A — APPLICANT INFORMATION *(Required)*

You must provide:

- Full legal first, middle/maiden, and last name
- Suffix (EL or BEY), if applicable
- U.S.A.R. or out-of-state license/ID/permit number (if you ever had one)
- Social Security Number
- Physical Address (NO P.O. Boxes)
- Mailing Address (if different)
- Phone number and alternate phone number
- Email address

- Gender
- Birthdate
- Height, weight, and eye color

Note: P.O. Boxes are not accepted as physical addresses.

SECTION B — LEGAL STATUS DECLARATION *(Required)*

You must swear that:

- You are either a **U.S.A.R. National** or a **U.S.A.R. Citizen**.
- Your declaration is true and accurate pursuant to USAR PL: 11:09.

Indicate:

- ☐ I am a United States of America Republic National
- ☐ I am a United States of America Republic Citizen

SECTION C — DRIVER HISTORY QUESTIONS *(Required)*

You must answer "Yes" or "No" to each question:

1. What are you applying for?
    - License/Permit
    - Identification Card
    - Reinstatement
2. Have you ever had an out-of-state or foreign driver license or ID?
    - If YES, list:
        - State or Country
        - Name on card
        - Card number
        - Date issued
3. Did you bring your current license or ID today?
    - If NO, select reason: stolen, damaged, new national/citizen, or held by law enforcement
4. Is your license currently suspended, revoked, cancelled, or denied?
    - If YES, list the state, action, and date
5. Do you wear prescription glasses or contacts?
6. Have you ever experienced seizures, fainting, or loss of consciousness?
    - If YES, list the last date
7. Were you born on the same date as a sibling?
    - If YES, list their names

8. Would you like “Organ Donor” displayed on your license?
9. Would you like to donate $1.00 to your National Government?
10. If male and under 26:

- Have you registered with U.S.A.R. Military Service?
- If not, your signature gives consent to register.

SECTION D — VOTER REGISTRATION

All information provided on the application will also be used for voter registration *unless you opt out*.

You must attest (if registering):

- You are a U.S.A.R. Citizen
- You are at least 17½
- You reside at the listed address
- You are eligible to vote
- You are not serving a felony sentence involving moral turpitude
- You are not judicially declared incompetent

Do not sign until instructed by a U.S.A.R. DDS Team Member.

OTHER OPTIONAL INFORMATION

- Emergency Contact Name & Phone
- Blood Type (if you want it displayed on your card)

SECTION E — REQUIRED SIGNATURE

You must sign under penalty of perjury that:

- You are a U.S.A.R. National or Citizen
- All information is true and correct
- You understand that false statements are illegal
- You authorize verification of your information by third parties

Signature must be dated and notarized when required.

SECTION F — APPLICANTS UNDER AGE 18 *(Required)*

A parent, guardian, or responsible adult must:

- Approve the issuance of the license or permit
- Verify all information is correct
- Sign the application (do not sign until instructed)

Valid identification for the responsible adult may be required.

SECTION G — BIOMATRIX

- Provide **Right Thumb Print Only**
- Press firmly (do not roll)

SECTION H — SIGNATURE BOX

- Sign in **Black Permanent Marker ONLY**
- Signature must match how you sign your name
- Do not let signature touch the lines

SECTION 3 — REQUIRED AFFIDAVIT

You must complete the affidavit stating:

- You have taken and passed both the written test and driving test
- You have complied with all lawful requirements to operate a motor vehicle

Affidavit must be signed under penalty of perjury and notarized.

SECTION 4 — IMPORTANT REMINDERS AND SPECIAL NOTES

- **Add your Title of Nobility (El or Bey)** to your signature.
- **Sign the voter registration section** (unless opting out).
- If your name has changed, include a **certified court order**.
- If applying for a Driver License or CDL, include a **copy of your current state license or CDL**.
- If your license is suspended, you must clear it with the suspending state before applying.

- Make copies for your personal records.
- Hard copy must be submitted even if emailed or faxed.

Questions?
Contact the U.S.A.R. BUREAU OF MOTOR VEHICLES:
www.usarsbmvgov.us • **888-234-4743**

SECTION 5 — NOTICE OF RESCISSION OF SIGNATURE

The application contains an optional legal form for rescinding a previous state-issued driver license signature, intended for individuals asserting improper jurisdiction or lack of disclosure.

Complete this section only if you intend to rescind a prior signature.

SECTION 6 — FINAL CHECKLIST (Before Submitting)

☐ All required sections completed
☐ All required signatures added
☐ Suffix added (El or Bey), if applicable
☐ Thumbprint provided
☐ Certified name-change order attached (if needed)
☐ Copy of prior license/CDL attached (if required)
☐ Affidavit signed under penalty of perjury
☐ Voter registration section signed or opted out
☐ Hard copy prepared for mailing
☐ Personal copy made for your records
☐ Include passport size photo

THIS CONCLUDES THE INSTRUCTIONS

Department of Driver Services
1499 Martin Luther King Dr, Ste 64102
Province Indiana, 46402

Phone: 888 234 4743
Email: bmv@usarbmvgov.us
Fax: 1-773-364-7589
website: usarbmvgov.us

UNITED STATES OF AMERICA REPUBLIC
BUREAU OF MOTOR VEHICLES

Can send in by Fax or Email, for quicker results but HARD COPY
IS NEEDED FOR ORIGINAL FILING also make copy for self. No Refunds.

Thank you for your interest in applying for your UNITED STATES OF AMERICA REPUBLIC driver license, identification card or permit. The UNITED STATES OF AMERICA REPUBLIC Department of Driver Services offers by e-mail and fax for U.S.A.R. Nationals and Citizens to turn in their affidavit sworn under penalty of perjury, that they have completed and passed a road test.

Requirements for U.S.A.R. Driver License and Identification Card.
Applicants must be a U.S.A.R. National or Citizen.
Applicants must be under age 17 ½ to obtain an permit. Are you under 18? Yes_____ or No_____
Applicants must be age 17 ½ or older to obtain a Drivers license.
Applicants must wear prescribed eye lens when driving.
Applicants must list any and all medical conditions that could cause harm to themselves and others when traveling.

NOTICE: IF YOU ARE RENEWING YOUR DRIVERS LICENSE OR STATE ID WRITE YES HERE ----> _____

Which document is being applied for?
Please circle one ---------->

U.S.A.R. DEPARTMENT OF DRIVER SERVICES FORM FOR

CDL, DRIVER LICENSE / IDENTIFICATION CARD / PERMIT

SECTION A : FORM INFORMATION ((REQUIRED)

Do you now have or have you ever had a U.S.A.R. Driver License, Identification Card or Permit? ☐Yes ☐No

DRIVER LICENSE/IDENTIFICATION/PERMIT #: (Required)	**SOCIAL SECURITY #:** _____-_____-_____ (Required)
LEGAL FIRST NAME: (Required)	**MIDDLE OR MAIDEN NAME:**
LEGAL LAST NAME: (Required)	**SUFFIX**: ☐ Jr. ☐ Sr. ☐ II ☐ III ☐ IV ☐ _____ **SUFFIX**: ☐ Bey ☐ EL.

PHYSICAL ADDRESS -- (NOTE: P.O. BOX ARE NOT ACCEPTABE, APT #, PROVINCE STATE, ZIP CODE):

(Required)

MAILING ADDRESS - If different from above (STREET ADDRESS P.O. BOX#, PROVINCE STATE, ZIP CODE):

PHONE #: (Required) _____ **ALT. PHONE #:**	**EMAIL:** (Required)	**DATE OF APPLICATION:**

BIRTH DATE: ___/___/___ mm dd yyyy (Required)	**GENDER**: ☐ M ☐ F (Required)	**HEIGHT:** ____ Feet ____ Inches (Required)	**WEIGHT**: (Required)	**EYE COLOR**: (Required)

SECTION B : LEGAL STATUS (REQUIRED)

By completing this form and signing the back, I swear that one of the following is true and accurate pursuant to USAR PL : 11:09

☐ I am a United States of America Republic National **(Moorish American)**

or

☐ I am a United States of America Republic Citizen **(Non Moorish American)**

SECTION C: ANSWER EACH QUESTION (REQUIRED)

1	**What can we help you with today?** ☐ License/Permit ☐ Identification Card ☐ Reinstatement	☐Yes ☐No
2	**Have you ever had an out-of-state or foreign Driver License, Identification Card or Permit?** If Yes, please list **(a)**State or Country, **(b)**Name on Card, **(c)**Card Number and **(d)**Date: **1. (a)** _____ **(b)** _____ **(c)** _____ **(d)** _ _ / _ _ / _ _ _ _ **2.** **(a)** _____ **(b)** _____ **(c)** _____ **(d)** _ _ / _ _ / _ _ _ _ **3.** **(a)** _____ **(b)** _____ **(c)** _____ **(d)** _ _ / _ _ / _ _ _ _	☐ Yes ☐No
3	**Did you bring your U.S.A.R. or Out-of-State Driver License, Identification Card or Permit with you today ?** If **No**, why ?**:** ☐ A Law Enforcement/Official has it; ☐ It is damaged, lost or stolen; ☐ New National or Citizen	☐Yes ☐No
4	**Is your Driver License, Instructional Permit or privilege to drive revoked, suspended, canceled or denied ?** If **Yes**, list most recent: **State**: _____ **Action**: _____ **Date of Action**: _ _ / _ _ / _ _ _ _	☐Yes ☐No
5	**Do you wear prescription glasses or contact lenses for driving?**	☐Yes ☐No
6	**Have you ever suffered with**: Seizures, Fainting or Other Loss of Consciousness ? If **Yes**, please list Date of Last Episode: mm / dd / yyyy	☐Yes ☐No
7	**Were you born on the same date (month/day/year) as any of your brother(s) and/or sister(s) ?** If **Yes**, please list their full name(s): _____	☐Yes ☐No
8	**Would you like to have "Organ Donor" displayed on your driver license or identification card ?**	☐Yes ☐No
9	**Would you like to donate $1 to Your Nation Government**	☐Yes ☐No
10	**Are you a male U.S.A.R. citizen or, under age 26?** If **Yes**, have you registered with the Selective Service System?	☐Yes ☐No

The U.S.A.R. Department of Driver Services (DDS) is required to ask all male U.S.A.R. citizens, 18 – 26 years old, if they are registered with the U.S.A.R. Military). The DDS will report all responses to the Military Service Department . You may be contacted by that agency as a result of your response. If you are not registered with the U.S.A.R. military service , your signature constitutes consent to be registered. Please contact the Military service to verify registration.

SECTION D: VOTER REGISTRATION

The office where the registration application was submitted and any failure to register will remain confidential and will be used for voter registration purposes only.

1	**NOTE:** All information provided on this form will be used for voter registration purposes, unless you opt-out.	☐ Opt-Out
2	**Are you a U.S.A.R. National or Citizen? Circle 1**	

Your signature in this section serves as an attestation under penalty of perjury that all of the following requirements have been met:

- ✓ I am a citizen of the United States of America Republic.
- ✓ I am at least 17 ½ years of age.
- ✓ I reside/domicile at the address listed on this form.
- ✓ I am eligible to vote in U.S.A.R.
- ✓ I am not serving a sentence for conviction of a felony involving moral turpitude. (You are serving a sentence if you are on probation or parole from your conviction of a felony involving moral turpitude.)
- ✓ I have not been judicially declared mentally incompetent, or if such declaration has been made, the disability has been removed.

WARNING: Any person who registers to vote knowing that such person does not possess the qualifications required by law, who registers under any name other than such person's own legal name or who knowingly gives false information in registering, shall be guilty of a felony. The penalties for false registration are up to ten years in prison and up to a $100,000.00 fine pursuant to USAR PL: 11-09

STOP **DO NOT SIGN UNTIL INSTRUCTED BY A U.S.A.R. DDS TEAM MEMBER.**

Customer's Signature X_____ **Date**_____/_____/_____
mm dd yyyy

OTHER (Optional Information)

1	**EMERGENCY CONTACT** **Name:** **Phone Number:**	
2	**Do you want your blood type displayed on your card?** If **Yes**, please check blood type: ☐ A + ☐ A - ☐ B + ☐ B - ☐ AB + ☐ AB - ☐ O + ☐ O - **NOTE**: This information is voluntary and may be used to assist medical personnel. You agree to hold U.S.A.R. DDS harmless for any/all injuries that may occur from using this information.	☐Yes ☐No

SECTION E: SIGNATURE (REQUIRED)

Notary

Under penalty of law, I swear or affirm that I am a National or Citizen of the UNITED STATES OF AMERICA REPUBLIC , and that any and all information provided on this form is true and correct. I understand that it is illegal to make false, fictitious, or fraudulent statements on this form. I grant permission to the U.S.A.R. Department of Driver Services to verify information furnished to the Department through the release of any and all customer information to third parties which shall include, but not be limited to the U.S.A.R. Department of Homeland Security or any other public Safety Service.

If executed within the United States of America Republic: "I declare (or certify, verify, or state) under penalty of perjury under the laws of the U.S.A. Republic that the foregoing is true and correct. Executed on…..

National or Citizen Signature X_____ **Date**_____/_____/_____
mm dd yyyy

SECTION F: ADDITIONAL SIGNATURE REQUIRED FOR CUSTOMER UNDER 18 YEARS OF AGE (REQUIRED)

I,_____, hereby certify that I am the parent, guardian, or responsible adult approving the issuance of this driver license or instructional permit. I further certify that I have reviewed the information contained in this form, and that the information provided here is true and correct.

VERIFIABLE DOCUMENTATION FROM AN AUTHORIZED OFFICIAL AND STATE ISSUED IDENTIFICATION MAY BE REQUIRED FOR THE RESPONSIBLE ADULT.

STOP **DO NOT SIGN UNTIL INSTRUCTED BY A U.S.A.R. DDS TEAM MEMBER.**

Parent, Guardian, or Responsible Adult Signature X_____ **Date** _____/_____/_____
mm dd yyyy

Birth Date_____/_____/_____ **Driver License/Identification/Social Security #** _____
mm dd yyyy

SECTION G: BIOMATRIX

RIGHT THUMB PRINT ONLY – Press down firmly (do not roll)

(BLACK INK ONLY)

SECTION H: SIGNATURE BOX

Signature must be in Black Permanent Marker and be exactly how you sign your name

Note: If application is not completed, application will be rejected and must be resubmitted.

AFFIDAVIT

I, _____,

Swear under the penalty of perjury pursuant to the laws of the United States of America Republic, that I have taken and passed the written test, as well as the drivers test and have complied with all laws required to possess a state issued drivers license and to operate a motor vehicle upon a public way. All statements stated in therein affidavit are true and correct.

_____

Signature of Affiant

Subscribed and sworn by me this _____ day of _____, _____.

Note: If application is not completed, application will be rejected and must be resubmitted.