



164678 19999



Request For Waiver—Restrictions on public benefits

Applicant				
Current Name—Last		First	Middle	
Full Maiden Name, if applicable				
Birth Date		Gender	Social Security Number	
Current Residence Address—Street		City	State	ZIP Code
U. S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Applicant's Signature			Date	
If the applicant has been denied a public benefit because the applicant is unable to establish lawful presence, the applicant may provide any documents that verify name and proof of lawful presence.				
Designated Representative (if applicable)				
Name—Last		First	Middle	
Form(s) of Identification		Identification Number		
Designated Representative Signature				
Signature			Date	

This form and all supporting documentation must be presented in person at any state Driver License office. Please see our website for additional details.