



**UNITED STATES OF AMERICA REPUBLIC  
Department of Driver Services**

P.O. Box 436885  
Province of Illinois, 60643

Phone: 1-773-306-2991

Fax: 1-773-364-7589

[www.usarbmvgov.us](http://www.usarbmvgov.us)

[usar.sos1@gmail.com](mailto:usar.sos1@gmail.com)

**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.

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

<b>DRIVER LICENSE/IDENTIFICATION/PERMIT #:</b> (Required)		<b>SOCIAL SECURITY #:</b> _____ - _____ - _____ (Required)	
<b>LEGAL FIRST NAME:</b> (Required)		<b>MIDDLE OR MAIDEN NAME:</b>	
<b>LEGAL LAST NAME (Include Title of Nobility):</b> (Required)		<b>SUFFIX:</b> <input type="checkbox"/> Jr. <input type="checkbox"/> Sr. <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> _____	
<b>PHYSICAL ADDRESS -- (NOTE: P.O. BOX ARE NOT ACCEPTABLE, APT #, PROVINCE STATE, ZIP CODE):</b> (Required)			
<b>MAILING ADDRESS - If different from above (STREET ADDRESS P.O. BOX#, PROVINCE STATE, ZIP CODE):</b>			
<b>PHONE #:</b> (Required)	<b>EMAIL:</b> (Required)	<b>DATE OF APPLICATION:</b>	
<b>ALT. PHONE #:</b>	<b>GENDER:</b> <input type="checkbox"/> M <input type="checkbox"/> F (Required)	<b>HEIGHT:</b> _____ Feet _____ Inches (Required)	<b>WEIGHT:</b> (Required) <b>EYE COLOR:</b> (Required)
<b>BIRTH DATE:</b> ____ / ____ / ____ mm dd yyyy (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	<b>What can we help you with today?</b> <input type="checkbox"/> License/Permit <input type="checkbox"/> Identification Card <input type="checkbox"/> Reinstatement <span style="float: right;"><input type="checkbox"/>Yes <input type="checkbox"/>No</span>	
2	<b>Have you ever had an out-of-state or foreign Driver License, Identification Card or Permit? If</b> Yes, please list (a)State or Country, (b)Name on Card, (c)Card Number and (d)Date: 1. (a) _____ (b) _____ (c) _____ (d) <u>mm</u> / <u>dd</u> / <u>yyy</u> —2. (a) _____ (b) _____ (c) _____ (d) <u>mm</u> / <u>dd</u> / <u>yyy</u> —3. (a) _____ (b) _____ (c) _____ (d) <u>mm</u> / <u>dd</u> / <u>yyy</u> —	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	<b>Did you bring your U.S.A.R. or Out-of-State Driver License, Identification Card or Permit with you today ?</b> If <b>No</b> , why ? : <input type="checkbox"/> A Law Enforcement/Official has it; <input type="checkbox"/> It is damaged, lost or stolen; <input type="checkbox"/> New National or Citizen	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	<b>Is your Driver License, Instructional Permit or privilege to drive revoked, suspended, canceled or denied ?</b> If <b>Yes</b> , list most recent: <b>State:</b> _____ <b>Action:</b> _____ <b>Date of Action:</b> <u>mm</u> / <u>dd</u> / <u>yyy</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	<b>Do you wear prescription glasses or contact lenses for driving?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	<b>Have you ever suffered with:</b> Seizures, Fainting or Other Loss of Consciousness ? If <b>Yes</b> , please list Date of Last Episode: <u>mm</u> / <u>dd</u> / <u>yyy</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	<b>Were you born on the same date (month/day/year) as any of your brother(s) and/or sister(s) ?</b> If <b>Yes</b> , please list their full name(s): _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
8	<b>Would you like to have "Organ Donor" displayed on your driver license or identification card ?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
9	<b>Would you like to donate \$1 to Your Nation Government</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
10	<b>Are you a male U.S.A.R. citizen or, under age 26?</b> If <b>Yes</b> , have you registered with the Selective Service System?	<input type="checkbox"/> Yes <input type="checkbox"/> 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



**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?**  Yes  No  
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.

**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.**



**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 )**

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## SECTION H: SIGNATURE BOX

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

Do not let signature touch line(s)

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**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.**

# INSTRUCTIONS

## PLEASE FOLLOW INSTRUCTIONS TO ENSURE FASTER PROCESSING

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

Fill in and complete ALL **required** sections of the application.

- Remember to add your title of nobility (**EL or BEY**) at the end of your signature.
- Do not forget to sign **SECTION D: Voter Registration**. Always remember voting in your national government ties you to our social order.
- If the name listed on your application is different from the name at birth. Include a certified court order of name change with this application.
- If you are applying for a Drivers License or CDL, the applicant must include a copy of the Drivers License or CDL with the application
- If you have any questions feel free to contact your Secretary of State Office. **[www.usarsosgov.us](http://www.usarsosgov.us)**. or **202-333-2123**

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Note: If your current license is suspended, you must clear up the suspension prior to applying for a license issued by the United States of America Republic,

A individual who's driving privileges and license is suspended. The State who suspended your driving privileges, has the sole authority to reinstate the license and driving privilege.

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CAUSE NUMBER: \_\_\_\_\_

**NOTICE OF  
RESCISSION OF SIGNATURE**

NOW COMES \_\_\_\_\_ in the above case matter hereby files this notice and states for the record that, an act of fraud was committed by the STATE OF \_\_\_\_\_ DMV/SECRETARY OF STATE OFFICE. I was not made aware of any granting of jurisdiction over my person, property or rights by my signature on the driver's license agreement, which was obtained from \_\_\_\_\_ DMV of this county, its associates, the \_\_\_\_\_ DEPARTMENT OF MOTOR VEHICLES of \_\_\_\_\_, its associates all acting Under The Color of Law \* was fraudulently obtained by all above parties who are detaining me from the full exercise of my Constitutional rights of locomotion and who willfully and knowingly did not give full disclosure as to the ramifications, adhesion contracts, and the full effect of the signing of said document (driver's license). For the record, I am not a U.S. citizen or resident of the STATE OF \_\_\_\_\_.

Therefore, I hereby rescind my signature Nunc pro tunc, from said license, and demand that you remove my signature from all DEPARTMENT OF MOTOR VEHICLE files, and any other documents in question. The lack of full disclosure and fraudulent representations vitiate said document in question with signature in which that agreement was reached is hereby declared NULL and VOID as of the date of this notice below.

If executed without the United States: "I declare (or certify, verify, or state) under penalty of perjury under the laws of the **United States of America Republic** that the foregoing is true and correct. Executed on \_\_\_\_\_, 2023.

Signature

Signature of Rescinding Party: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
THUMB PRINT