

Date requested_____

Date for Pickup_____

Italian DL Request Form

Name (Last, First, Middle)_____

Last Four SSN_____

Date of Birth_____

Birthplace_____

Phone#_____

Driver's License Information

Date SETAF License issued_____

Date your SETAF Licenses Expires_____

SETAF License Number_____

Do you have a Motorcycle endorsement on your SETAF license_____

Required Documents

- SETAF License
- Passport
- Italian Codice Fiscale Card

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- Medical Certificate
 - 2 Italian Passport pictures
 - DTS memo for ACI

Processed By_____