MINNESOTA DEPARTMENT OF PUBLIC SAFETY
DRIVER AND VEHICLE SERVICES

OFFICE USE ONLY
File Number _____
Fee Paid _____
Date Received _____

Petition for a Variance of Minnesota Rules, Part 7410.1810

If you have religious objections to complying with driver's license and identification card image requirements, you may petition in writing for a variance. This form is recommended, but not required.

- Mail form with nonrefundable $10 fee to: Driver and Vehicle Services, DVS Variance Request, 445 Minnesota Street, St. Paul, MN 55101-5183. Checks or money orders are payable to Driver and Vehicle Services. **Please do not send cash**.
- Additional information may be required before granting or denying this petition. You will be notified of the Department's decision by mail within 30 days of receiving your petition.
- All information requested on this form is required by Minnesota Statutes, sections 14.055 and 14.056, or Minnesota Rules, part 7410.1810. If incomplete, your petition will be automatically denied.
- If you have questions or need additional information, please contact DVS at 651-296-6911 or 651-215-1181.

This is a petition for variance from the requirement for the capture and/or display of a full-face image on a Minnesota driver's license, permit, or identification card (Minnesota Rules, part 7410.1810).

First Name (PRINT OR TYPE) _____ Middle Name (PRINT OR TYPE) _____ Last Name (PRINT OR TYPE) _____

Address _____ City/State/Zip _____ Date of Birth (mm/dd/yy) _____

List of background documents submitted:

_____

_____

Reasons a variance should be granted:

_____

_____

_____

Background information on this request (such as previous cards issued by the department without a photo) and the department's treatment of similar cases, if known:

_____

_____

Person(s) known to be adversely affected if this petition is granted:

Name Address _____ Telephone _____

As a condition of granting a variance (failure to mark one of the boxes will result in automatic denial of the petition):

☐ I agree to allow placement of my full-face image on the department record (not on the card itself).

☐ I agree to provide a unique biometric identifier, such as fingerprints, instead of a full-face image.

I attest to the accuracy of the information provided in this petition.

Signature of Petitioner _____ Date _____