

PAYMENT INFORMATION

(This page will be destroyed after processing.)

___ **Check**

Payment Amount \$ _____

___ **VISA, MASTERCARD or DISCOVER (Circle One)**

Card Number _____ - _____ - _____ - _____

Expiration (Month/Year) ____/____

Name of Cardholder _____

Signature of Cardholder _____

Phone Number (____) _____ - _____ ext _____

REQUIRED FOR PROCESSING

Email Address: _____

Date of Birth ____/____/____

Social Security Number of Licensee: _____ - _____ - _____

Privacy Act Notice: Disclosure of your Social Security Number on this license application is required by 42 U.S.C. § 666(a)(13), Iowa Code §§ 261.126(1), 252D.8(1), 272J.8(1) and 193 IAC 4.4. The number will be used in connection with the collection of child support obligations, college student loan obligations, and debts owed to the state of Iowa, and as an internal means to accurately identify licensees, and may also be shared with taxing authorities as allowed bylaw including Iowa Code § 421.18.

Updated 1-22-2014