

For Official Use Only:

Last Name

First Name

Middle Name

Suffix

<input type="checkbox"/> New Issuance	<input type="checkbox"/> Real ID	Date: _____	Customer # _____
<input type="checkbox"/> Renewal	<input type="checkbox"/> MC	CJ#: _____	Amount Paid: _____
<input type="checkbox"/> Replacement	<input type="checkbox"/> CDTP	Docs: _____	Statement # _____



State of Montana
Application for Class D Driver License
-or-
Identification Card (all applicants)

PLEASE PRINT P.O. Box 201430 Helena, MT 59620-1431 • Phone (406) 444-3933 • Fax (406) 444-1631 • DriverLicense@mt.gov • dojmt.gov

Legal Last Name	Legal First Name	Legal Middle Name	Suffix (Jr., Sr., etc.)
Date of Birth (mm/dd/yyyy)	Height	Weight	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male
Eye Color	Montana Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Montana Residential Address	City	State	Zip Code
Montana Mailing Address	City	State	Zip Code
Driver License Number	State	Date of Issue	Are you a United States Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Place of Birth: State or Province			
Social Security Number	Email Address	Daytime Phone Number	

CHECK ALL THAT APPLY

- Driver License ID Card Motorcycle Endorsement Replacement REAL ID (optional)
- Add a veteran designation to your license?** (verification of eligibility required, more info at <https://dma.mt.gov/MVAD/>)

LICENSING QUESTIONS (all boxes must be complete):

- Do you have any physical or mental condition that impairs or may impair your ability to exercise ordinary and reasonable control in the safe operation of a motor vehicle on the highway? Yes No
- Do you rely on any adaptive equipment or operational restrictions to attain the ability to exercise ordinary and reasonable control in the safe operation of a motor vehicle on the highway? (Excludes eyeglasses) Yes No
- Do you suffer from any chronic or potentially chronic condition that may cause a loss of consciousness or control? Yes No
- In the past 10 years, have you held a valid driver license or commercial driver license from any jurisdiction (state) other than Montana? Yes No
If yes, list all states: _____
- Do you have a current or pending suspension, revocation, cancellation, disqualification, or withdrawal of your driver license or privilege to drive by the State of Montana or by another state or jurisdiction? Yes No

FOR MINOR APPLICANTS ONLY	PARENTAL CONSENT FOR A MINOR (Must be signed in front of a notary or MVD employee):		
	Check one: I certify that as a <input type="checkbox"/> parent <input type="checkbox"/> legal guardian or <input type="checkbox"/> responsible adult of the above-named minor applicant, I consent to the issuance of a driver license to the minor applicant and assume obligation imposed under § 61-5-108, MCA.		
	Signature:	Date:	Driver License # or Printed Name:
	NOTARIZATION OR VERIFICATION OF PARENT SIGNATURE:		
Parent signature verified before me on:		Signature of MVD staff or CDTP instructor:	OR:
State of	County of	Signed before me on (date)	Notary Stamp/Seal
by (clearly print name of parent signing form)			
Notary signature			

VISION TEST: for office use only	Left Eye	Both Eyes	Right Eye	Color Perception	<input type="checkbox"/> Present
Without glasses	20/	20/	20/		<input type="checkbox"/> Absent
With glasses/contacts	20/	20/	20/	Depth	<input type="checkbox"/>

HEARING TEST: for office use only

Pass Fail Check if wearing hearing aid

COMMENTS:

OTHER SERVICES OFFERED:

1. If you are 18 or older, do you want your driver license or ID to show that you have a living will? Yes No
2. If you are 15 or older, do you want your driver license or ID to show that you are an organ donor? Yes No
3. If you are under age 26 but at least age 15, do you consent to registration with the Selected Service System, if required by federal law? (If under 18, you will be registered upon reaching age 18).
 Already Registered Yes Refuse Exempt

Applicant: I affirm under penalty of law (§ 61-5-303, MCA) that the information I provided is true and correct to the best of my knowledge, information, and belief. I understand that any false or misleading statement on my application may result in criminal prosecution, cancellation of any license or card issued and/or my disqualification for a period of 60 days. I understand information may be verified against nationwide systems. I understand that if Montana issues me a driver license or ID, any other card held in another state will be canceled. I understand that if I am issued any other driver license or ID by any other state Montana will cancel all driver licenses or IDs issued by Montana.

Signature:**Date:****VOTER REGISTRATION: Please complete this section even if you are a registered voter.**

- I want to register to vote or update my voter registration** (continue with application if selected)
- I do not want to register to vote** (end of application if selected)
- I'm already registered to vote and do not want to update my information** (end of application if selected)

County you are registering to vote in: _____

- Are you a citizen of the United States? Yes No
- Will you be at least 18 years of age on or before the next election? Yes No
- Will you be a Montana resident for at least 30 days before the next election? Yes No

If you checked "No" in response to any of these questions, this is the end of the application.

Previous Registration Information – will be used to provide cancellation information to former jurisdiction. Required if name changed or if previously registered to vote in another MT county or in another state.

Previous Registration Name	Residence Address of Previous Registration		
Previous City	Previous County	Previous State	Previous Zip Code

Receive Your Ballot in the Mail

- Yes, I request an absentee ballot to be mailed to me for ALL elections in which I am eligible to vote as long as I reside at the address listed on this application. I understand that if I file a change of address with the U.S. Postal Service, I must complete, sign, and return a confirmation notice mailed to me by the county election office.

Voter Applicant Affirmation

I affirm under penalty of perjury that the information on this application is true, that I am a citizen of the United States, that I will be at least 18 years old on or before the next election, that I will have been a resident of Montana for at least 30 days prior to the next election, and that I am not serving a felony conviction in a penal institution nor have been found to be of unsound mind by a court. I understand that if I have given false information on this application, I may be subject to a fine or imprisonment, or both, under federal and/or state law. By signing you authorize the Motor Vehicle Division to use your electronic signature for voter registration purposes.

Signature _____ Date _____

The affirmation on this application for voter registration must be signed by the applicant. Failure to do so will prevent application from being processed.

Where you submit this form and your decision to not vote is confidential, and this information can only be used for voter registration purposes.

You can visit the Montana Secretary of State "My Voter Page" to check if you are registered to vote, check your voter registration address, and find the location and directions to your polling place at:
<https://app.mt.gov/voterinfo/>

Montana law mandates that the Motor Vehicle Division be notified within 10 days of any address change. If your address has changed, please attach a Change of Address form 34-0300 with your renewal application.