Last N	First Name					Middle Name Suffix						
☐ New Issuance	REAL ID	Date:						Custo	mer #			
Renewal	— П мс	CJ#:						Stater	ment # _			
Replacement	CDTP	Docs:										
Replacement	CDIP	Ducs.					_	AIIIOU	iii Paiu: .			
State of Montana APPLICATION FOR DRIVER LICENSE ~ Minors Only ~ Print in BLACK or BLUE ink only Customer Care Center: (406) 444-3933 mvd@mt.gov												
Legal Last Name Legal			ll First Name			Legal Middle Name				Suffix(Jr., Sr., 1 st		^{it} , etc.)
Date of Birth (mm/c		Eye Color	Wei	ght	Height	Uni	Jnited States Citize		n? Montana Resident?			
	Female Male					[Yes No		☐ Yes ☐ No		
Residential Address			I		City		!		State	Zip C	ode	
Mailing Address					City				State	Zip Code		
Social Security Number Email Address (if available)									Daytime	Phone N	ımber	
CHECK ALL THAT Driver License	APPLY: ID Card		Motorcycle	Endo	rseme	nt 🔲	Repl	acement	R	EAL ID (opt	ional)	
1. Do you have any and reasonable of 2. Do you rely on an and reasonable of 3. Do you suffer fro control? >>>> 4. In the past 10 yes tion (state) other 5. Do you have a conyour driver licens	physical or me control in the same adaptive equation the same any chronic systems, have your than Montana arrent or pendice or privilege to	afe operation of the control of the	ation of a moor operation ation of a montially chronic system of a montially chronic system of a montially chronic system of a montial system of a	otor values of or values of or values of M	vehicle striction vehicle dition >>>> e or co	e on the highest to attain the that may constant the second that may constant the second that	ghwa n the ghwa cause >>> drive disqua other	ability to ability to ability to a loss of a loss of a loss of a license alifications at a tensor ability.	>>>>> o exercise >>>>> of consciou >>>>>> e from any n, or wither r jurisdicti	ordinary >>>> sordinary >>>> usness or >>>>> r jurisdic- drawal of	Yes	— S □ No
CONSENT FOR A Check one: I certify cant, I consent to t Code Annotated 61 Signature:	/ that as a ∏ he issuance of -5-108.	parent a driver	legal gu	ardia ne mi	an or inor ap	respon	sible	adult sume ob Drive	of the abo	nposed und #		
NOTARIZATION Signature verified be		ATION				DULT: or CDTP in	nstruc	tor:				OR:
State of	County	of		Si		fore me on			tamp/Seal			
by (clearly print name of	parent signing form)		1.								
Notary signature												
VISION TEST: for office use only Without glasses With glasses/contacts			Left Eye 20/ 20/	:	Both Ey 20/ 20/		Right 20/ 20/	Eye	Colo	or Perceptio		Present Absent

HEARING TEST: for office use only

☐ Pass ☐ Fail ☐ Check if wearing hearing aid

Comments:

military selective service wition to the military selective	ithin 30 days of their eighteentl	h birthday. State law requ out at least 15 years old in	iens living in the U.S. to register for the uires MVD to transmit registration informa- ndicates on their driver license application					
If you are at least 15, do you v	want to be registered with Selectiv	e Service when you turn ag	e 18. Yes No Not Applicable					
If you are 15 or older, do you v	lonor? Yes Not Now							
information, and belief. I undetion, cancellation of any lice may be verified against nat	erstand that any false or mislea ense or card issued and/or my ionwide systems. I understand e canceled. I understand that if I	ading statement on my ap disqualification for a per that if Montana issues m	rue and correct to the best of my knowledge, oplication may result in criminal prosecuiod of 60 days. I understand information e a driver license or ID, any other card license or ID by any other state Montana will					
Signature:		Date:						
I do not want to	er to vote or update my voor register to vote (end of ap	oplication if selected)	inue on with application if selected) prmation (end of application if selected)					
Will you be at least 1 Will you be a Montar If you checked "No Previous Registration In	the United States? >>>>> 18 years of age on or before na resident for at least 30 day o" in response to any of the	the next election? >>: ys before the next elect nese questions, this is rovide cancellation infor	>>>>>>>					
Previous Registration Nam		Residence Address of Previous Registration						
Previous City	Previous County	Previous State	Previous Zip Code					
reside at the address list Service, I must complete Voter Application Affirm I affirm under penalty of States, that I will be at lefor at least 30 days prior have been found to be of application, I may be sulfilled.	sentee ballot to be mailed to ted on this application. I under a sign, and return a confirmation for perjury that the information east 18 years old on or beformation to the next election, and the funsound mind by a court. I	erstand that if I file a chation notice mailed to me on this application is the the next election, that I am not serving a felunderstand that if I havent, or both, under feder	which I am eligible to vote as long as I lange of address with the U.S. Postal e by the county election office. The property of the United to I will have been a resident of Montana lony conviction in a penal institution nor by e given false information on this all and/or state law. By signing your registration purposes.					
Signature			Date					
The affirmation on this ap		n must be signed by the	e applicant. Failure to do so will prevent					
Where you submit this for voter registration purpose		vote is confidential, and	this information can only be used for					
			are registered to vote, check your voter					

11-1402 (4/21) MCA 61-5-107 and USC 666(a)(13)