

Customer Signature:

Class D, M, or D/M License and ID Card Application

Please make your selection below. If you select one of the options from line 2, you must also select one of the options from line 3.

_	NOTE: Mass ID cards and Liquor ID cards cannot be converted t	rom otner state	es. F	ermits ar	ia Liquo	r ID ca	ras cann	ot be r	renewed	<u>1.</u>			
1	O Learner's Permit Exa	m O Rei	ins	staten	nent								
2	O License O Mass ID Card O Liquor ID Card O Permit												
3	☐ Issuance ☐ Renewal ☐ Change of Information ☐ Duplicate ☐ Out-of-State Conversion												
	Fees are payable by Cash, Check, Money Order, MasterCard, Visa, American Express or Discover. Go online to www.massrmv.com for additional payment options. If paying by check, make payable to "MassDOT." PLEASE FILL OUT FORM CLEARLY IN BLACK OR BLUE INK												
Α	IDENTIFICATION REQUIREMENTS												
	For most transactions, including license conversions, applicants over the age of 18 must present three forms of ID which include:	You must al with the U.S	You must also produce your social security number (SSN) that the RMV can verify with the U.S. Social Security Administration (SSA) as having been issued to you.										
	Proof of date of birth Proof of signature Proof of Massachusetts residency Applicants under 18 years of age must only provide proof of date of birth. The	If you do not have an SSN, an acceptable written denial notice <u>not more than 60 days old</u> , from the Social Security Administration (SSA) is required. You must also									<u>60</u>		
	parent/guardian <u>must</u> sign the certification on the back of this application.	provide proof of an acceptable visa status, an I-94, and a current non-U.S. Passport.											
	Please see the Driver's Manual for the identification require "Acceptable Forms of Identification" that may satisfy the	I for the identification requirements you must satisfy to obtain a license or ID card and the list of tification" that may satisfy those requirements. The list is also on our website at www.massrmv.com .											
	MA Assigned License/ID/Permit Number License Cla	ass											
	D M D *D & M permits require separ.					-			-				
В	GENERAL INFORMATION												
	Last Name First Name	Middle Name		Date of Birth Month Day Year			Year	Sex Heigh				t Inches	
				World	, 50	,	rear		JM □F			IIIC	iles
	Mailing Address (Where you want us to send your Driver's License/ID card and futule the RMV). U.S. Post Office MAY NOT deliver if your name is NOT on the mailbox.		Ci	ity/State					Zip Co	ode			
	The NAVY, 0.3. POST Office MAT NOT deliver if your flame is NOT off the mailbox.												
	Residential Address (Where you actually reside) □ Same as above		Ci	ity/State					Zip Co	ode			_
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					'				
С	REQUIRED INFORMATION Questions 1-4 to be completed by a	all applicants. (Que	estions 5-	-8 to be	compl	eted by	Licens	se/Perm	nit apı	plicar	nts	
	1. □Yes □No Do you want to be, or continue to be, registered as an	5.□Yes □	No										s
	organ & tissue donor? If yes, the RMV will provide this information to federally-designated		license in any other state, country, or jurisdiction? If yes, where? Class of License License #							1.			
	organ procurement organizations serving the Commonwealth, and will print this designation on your driver's license/ID card.			(inform RMV of previous names) (use additional paper if you need more space)									
		6 Tyes TNo Is your license or RIG				to operate suspended, revoked,							
	2. □Yes □No Are you an active duty member of the U.S. Armed Forces?	0.0103	canceled, withdrawn, or disqualified here or in another state, country, or jurisdiction?										
	3. ☐ Yes ☐ No If you are a veteran of the U.S. Armed Forces, do you			If yes, where? Exp. Date						—			
	want the word "VETERAN" printed on your license/ ID? If you are not a veteran, check "No."			If yes, why?									
	NOTE: If yes, proof of honorable discharge must be presented.	7.□Yes □	No	Do you have a cognitive, neurologic, physical, or any other impairment that may affect your functional ability to oper-									
	4. □Yes □No Are you currently licensed to drive in any state,			ate a motor vehicle safely?									
	country, or jurisdiction?			(The Commonwealth's medical standards for safe operation of a motor vehicle are found at http://www.massrmv.com/rmv/medical/policies.htm.)									
	where?	8. □Yes □	No						dicatior otor ve			affe	ct
	class/type			Note: If	you ansv entative i	vered ye nust co	es to que ntact Med	stions 7	7, or 8, a ffairs.	n RM	V Sen	vice C	Center
D	OUT-OF-STATE LICENSE/PERMIT CONVERSION to be	completed by	y a _l	pplicant	s conv	rerting	an ou	t-of-s	tate li	cens	se or	r pei	rmit
ט		e/Permit Class	<u>-</u>)/('	iration	Date (r	month/da	y/year)	Issue [)ate	(montl	h/day	/year)
		r Motorcycle	Во	oth		5. 0. 7							
	Your out-of-state license/pern	nit must be si	urre	<u>endered</u>	to the	<u>RMV.</u>							
	RMV USE ONLY:												
	Date: Initial:		Γ										
	CDL Downgrade: I understand that my CDL will be downgraded to a Class D, M, or D/M license and I authorize the RMV to process this												
	transaction.							 	 				
		1				90	11-V	<i>I</i> ALF	C-IN				

Εl	CH	HANGE OF INFORMATION If you change your address, you must notify the RMV within 30 days.								
\Box		□ Check here if your name has changed. Please print your new name in the General Information section and your previous name below.								
		Last Name F	irst Name	Middle Name						
		☐ Check here if the address in the General Information section	reflects a change of Mailing Addres	S.						
		☐ Check here if the address in the General Information section	reflects a change of Residential Ad	dress.						
	☐ Check here if your <i>gender designation</i> has changed. Note: Additional documentation will be required. ☐ Other Change gender designation to: ☐ Male ☐ Female									
		☐ Check here if your height has changed. Current height is ft	in							
F	PA	PARENTAL CONSENT FOR MINOR; INFORMATION & CERTIFICATION OF PERSON PROVIDING CONSENT								
	This section must be completed by a parent of the applicant, the legal guardian, the Massachusetts Child Guardian Division, or the Headmaste									
	of the Boarding School the applicant is attending. To the Registrar: I hereby certify I am: (check one) □ parent □ legal guardian □ Massachusetts Child Guardian Division □ boarding school headmaster									
	of the above-named applicant who is less than 18 years of age, but not less than 16 years of age, if applying for a Learner's Permit or Driver's License OR who is less									
		an 18 years of age, but not less than 14 years of age, if applying for an ID card, and suance of a Driver's License; or as required by M.G.L. Chap. 90, Section 8B for a Lear								
		False certification is punishable by fine, impriso	onment, or both (M.G.L. Chap. 90, Section	1 24).						
	Par	rent/Guardian's Address:								
	Par	arent/Guardian's Signature:	Printed Name:							
	ı aı	If the person giving consent IS NOT a parent, prop		shown.						
G		OTER REGISTRATION to be completed by all applicants								
	To vote in Massachusetts you must be: A U.S. CITIZEN, a resident of Massachusetts and at least 18 years old on or before the next election in your city or town, which could be town meeting, city or town preliminary, city or town election, state primary, state election, special state primary, special state election, or special city or town election.									
	1.	Do you want to register to vote? ☐ Yes ☐ No								
		heck "Yes" if you want to register to vote, or you are changing your name		ote with this new information.						
		Check "No" if you are currently registered to vote and do not wa you answered "yes," complete question #2 and read the Affirmation Section below.								
	⊢	. Are you a citizen of the United States of America? ☐ Yes ☐ No	·							
		OTE: If you answered "no" to this question, do not complete question #3. You are	not eligible to register to vote at this time.							
	3.	Please indicate party enrollment or political designation (check	one).							
		'	lo Party (unenrolled)							
	╵	Political Designation (not a political party):(Print desired do	esignation.)							
		PLEASE ASK THE LICENSE CLERK FOR YOU FFIRMATION TO BE READ BY APPLICANTS REGISTERIN	OUR VOTER REGISTRATION RECEIPT							
		hereby swear (affirm) that I am the person named above, that the		CITIZEN OF THE UNITED						
	SI	TATES, that I am at least 16 years old and I understand that I must b	e 18 years old to be eligible to vote, the	at I am not a person under a						
	guardianship which prohibits my registering to vote, that I am not temporarily or permanently disqualified by law from voting becaus corrupt practices in respect to elections, that I am not currently incarcerated for a felony conviction, and that I consider this residence to									
		brupt practices in respect to elections, that rain not currently incarced by home. Signed under the penalty of perjury.	rated for a felony conviction, and that is	consider this residence to be						
	Co	onfidentiality of voter registration information: If you register to vote, the office a	t which you submit your application will remain c	onfidential and will be used only for						
		oter registration purposes. If you decline to register to vote, the fact that you declined to enalty for illegal voter registration: Fine of not more than \$10,000 or imprisor	3	, , , , , , , , , , , , , , , , , , , ,						
	SIGNATURE OF APPLICANT (application not complete without signature)									
Н	No	ote: This application will be processed through the National Driver Register (NDR)) and the Commercial Driver License Informatio							
	status of operating privileges in other jurisdictions and the social security number will be verified with the Social Security Administration.									
		I have reviewed this completed Application Form , including the Voter Registration Section , and hereby apply for a Learner's Permit/Driver's License or an ID card and swear (affirm), under the penalties of perjury, that the information I have provided is true and complete.								
		False statements are punishable by fine, imprisonment, or both (M.G.L. c 90 §24).								
	Sig	Date:								
	The									
	M	lassachusetts law requires persons convicted of a sex offense to re	egister							

with their local police departments. For information, call 1-800-93MEGAN.

FOR CUSTOMER SERVICE:

Call our Contact Center at 857-368-8000 • Weekdays 9 a.m.- 5 p.m.

Please visit our website for more information at: www.massrmv.com



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