

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 from other states. Permits and Liquor ID cards cannot be renewed.

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1	O Learner's Permit Exam O Reinstatement																			
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 <u>www.massrmv.com</u> 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 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</u> days old, from the Social Security Administration (SSA) is required. You must also															
	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 requireme "Acceptable Forms of Identification" that may satisfy those					nents you must satisfy to obtain a license or ID card and the list of e requirements. The list is also on our website at www.massrmv.com .														
	MA Assigned L	icense	2/ID/Perm	it Num	ber			License Clas	Social Security Number											
							□D [*D & M perm	□ M □ D / hits require separat	D/M* arate applications				-		-					
В	GENERAL	INFO	RMATIC	NC																
Щ	Last Name	ast Name First Name					Middle Nam	e	Month Day Year				Sex	Feet Inches						
	Mailing Address the RMV). U.S. Po								re notices from	City	/State				Zip	Code	9			
	ŕ				,															
	Residential Ac	Residential Address (Where you actually reside) Same as above					City	ty/State				Ziţ	Zip Code							
С	REQUIRED	INF	ORMATI	ON	Que	estions 1-	-4 to be con	mpleted by al	ll applicants. C	Quest	ions 5-	8 to be c	omple	ted by L	icense/P	ermit	applic	ants		
Щ	1. □Yes □No Do you want to be, or continue to be, registered as an					ed as an	5. \(\text{Yes} \) \(In the past 10 years, have you held any class of driver's license in any other state country or jurisdiction?													
	organ & tissue donor? If yes, the RMV will provide this information to federally-designated						Ilicense in any other state, country, or jurisdiction? If yes, where? Class of License License #													
	organ procurement organizations serving the Commonwealth, and will print this designation on your driver's license/ID card.																			
						6.□Yes □1		(inform RMV of previous names) (use additional paper if you need more space) Is your license or RIGHT to operate suspended, revoked,												
	2. □Yes □No Are you an active duty member of the U.S. Armed Forces?				0. 🗆 165 🗀 1	S	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 want the word "VETERAN" printed on your license/ ID? If you are not a veteran, check "No."				If	If yes, where? Exp. Date Exp. Date						_							
					7.□Yes □1	_	Note: If you answered yes, additional documentation may be required. Do you have a cognitive, neurologic, physical, or any other													
	NOTE: If yes, proof of honorable discharge must be presented.			7. La res La	i	impairment that may affect your functional ability to operate a motor vehicle safely?														
	4. □Yes □No	I. □Yes □No Are you currently licensed to drive in any state, 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?class/type				8.□Yes □N		Are you currently taking any medication that may affect your ability to safely operate a motor vehicle?													
							Note: If you answered yes to questions 7, or 8, an RMV Service Center Representative must contact Medical Affairs.													
D	OUT-OF-S	ΓΑΤΕ	LICENS	SE/PE	RM	IT CON	VERSIO		ompleted by											
Ц	License/Perm	it Nun	nber				State	License	/Permit Class)/M		ration D	ate (m	onth/day/	/year) Iss	ue Da	te (mo	nth/day	y/year)	
						our out	of state lie		Motorcycle	Both		to the F	DΛ/\/							
	DMV/ LISE O	RMV USE ONLY:					, <u>ense/penni</u>	it must be st	III CIII	uereu	to the r	XIVI V.								
	Date: Initial:																			
	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	TT - M	АЬК-	LIV								

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	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 Address .										
		☐ Check here if your <i>gender designation</i> has changed. Note: Additional of Change gender designation to: ☐ Male ☐ Female	documentation will be required. Other									
		☐ 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 Headm											
		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 Licer											
		han 18 years of age, but not less than 14 years of age, if applying for an ID card, and that my consent is given as required by M.G.L. Chap. 90, Section 8 for the stance of a Driver's License; or as required by M.G.L. Chap. 90, Section 8B for a Learner's Permit; or by M.G.L. Chap. 90, Section 8E for an Identification Card (ID).										
	1550	False certification is punishable by fine, imprisonment, or both (M.G.L. Chap. 90, Section 24).										
	Par	rent/Guardian's Address:										
	Par	rent/Guardian's Signature:	Printed Name:									
	rai	If the person giving consent IS NOT a parent, prop		hown.								
G	V	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.											
		Do you want to register to vote? ☐ Yes ☐ No										
	•Cl	heck "Yes" if you want to register to vote, or you are changing your name		vote with this new information.								
	•Check "No" if you are currently registered to vote and do not want to change your voter registration											
	⊢	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	e not eligible to register to vote at this time.									
	3.	Please indicate party enrollment or political designation (check	(one).									
		<u> </u>	lo Party (unenrolled)									
		Political Designation (not a political party):(Print desired d	esignation)									
		(Print desired designation.) PLEASE ASK THE LICENSE CLERK FOR YOUR VOTER REGISTRATION RECEIPT										
		AFFIRMATION TO BE READ BY APPLICANTS REGISTERING TO VOTE										
	I hereby swear (affirm) that I am the person named above, that the above information is true, that I AM A CITIZEN OF THE UNITED STATES, that I am at least 16 years old and I understand that I must be 18 years old to be eligible to vote, that 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 because of											
	со	corrupt practices in respect to elections, that I am not currently incarcerated for a felony conviction, and that I consider this residence to be										
	l '	y home. Signed under the penalty of perjury.										
		onfidentiality of voter registration information: If you register to vote, the office a										
	voter registration purposes. If you decline to register to vote, the fact that you declined to register will remain confidential and will be used only for voter registration purposes. Penalty for illegal voter registration: Fine of not more than \$10,000 or imprisonment for not more than five years or both (M.G.L., Chap. 56, Section 8).											
Н	SIGNATURE OF APPLICANT (application not complete without signature)											
••		Note: This application will be processed through the National Driver Register (NDR) and the Commercial Driver License Information System (CDLIS) to verify the 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) . Signature: Date:										
	ľ	The Registrar reserves the right to cancel, revoke, or recall, any permit, license, or ID card if it is determined that the applicant was not qualified for such permit, license, or II										
		Turning 21? Renew on or after your 21st birthday to receive a standard horizontal license.										
		OFFICIAL NOTICE:										
	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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