

Massachusetts Registry of Motor Vehicles Application for:

Check appropriate box:

(Do not use for Commercial Driver's Licenses)

Permit Test

Road Test

Out of State Conversion

Mass ID

Liquor ID

Fees are payable by Cash, Check, Money Order, Mastercard, Visa, or Discover. If paying by check, please make payable to "Registry of Motor Vehicles" or "RMV".

Identification Requirements

For most transactions, including license conversions, applicants over the age of 18 must present four forms of ID which include:

- SSN Card or valid, current US or non-US passport
- Proof of date of birth
- Proof of signature
- Proof of Massachusetts residency

Applicants under 18 years of age are not required to provide proof of residence or signature. The parent/guardian must sign the certification at bottom.

If you do not have a SSN, an acceptable written denial notice not more than 30 days old, from the Social Security Administration (SSA) is required. You must also provide proof of an acceptable visa status.

Please see the Driver's Manual for the identification requirements you must satisfy to obtain a license or ID and the list of "Acceptable Forms of Identification" that may satisfy those requirements. The list is also on our website at www.mass.gov/rmv.

License Class Applying For:

D

Passenger

M

Motorcycle

General Applicant Information

Please print neatly with a ball point pen in blue or black ink.

Social Security Number (SSN):

MA Assigned License/Permit/ID Number:

Federal Law now prohibits use of your SSN on a License/Permit/ID. The RMV will assign a License/Permit/ID number.

Name: Last First Middle Sex: Height: Date of Birth (month/day/year)
 M F ft. in.

Residential Address: (Where you actually reside)

Street# Apt/Unit# City State Zip Code

Mail Address: (Where you want the RMV to send your Driver's License/ID and future notices.) U.S. Post Office MAY NOT deliver if your name is NOT on the mailbox.

Street# Apt/Unit# City State Zip Code

Out of State License Conversion to be completed by applicants converting an out of state license. Your out-of-state license must be surrendered to RMV.

License Number

State

License Class

D

Passenger

M

Motorcycle

Expiration Date (month/day/year)

REQUIRED INFORMATION

to be completed by all applicants

1. Are you currently licensed in any state, the District of Columbia, or a foreign country? Yes No

If yes, where? _____

What Class or type of license? _____

2. In the past 10 years, have you held any class of license in any other state, the District of Columbia, or a foreign country? Yes No

If yes, where? License Class License #

(use additional paper if you need more space)

3. Do you want to be an organ donor? Yes No

If yes, the RMV will print the designation on your driver's license/ID.

To register, complete an organ donor card. (The RMV is required by law to provide certain information identifying organ donors to federally-designated organ procurement organizations.)

4. Is your license or RIGHT to operate suspended, revoked, canceled, withdrawn, or disqualified here or in any other state? Yes No

If yes, where? _____ Exp. Date _____

If yes, why? _____

5. Are you an active duty member of the U.S. armed forces? Yes No

6. Do you have any medical condition that may affect your ability to safely operate a motor vehicle? Yes No

(The Medical Affairs Branch has established standards to determine fitness to operate a motor vehicle. Ask a clerk for a summary of these standards or visit our website at www.mass.gov/rmv for the complete list of these standards.)

7. Are you currently taking any medication that could affect your ability to safely operate a motor vehicle? Yes No

Note: If you answered yes to questions 4, 6, or 7, additional documentation may be required.

The Registrar reserves the right to cancel, or revoke and recall, any permit, license or ID if the Registrar determines that the applicant was not qualified for such permit or license.

Official Notice: Massachusetts law requires persons convicted of a sex offense to register with their local police departments. For information, call 1-800-93MEGAN

Applicant's Under 18 years of Age

Please see important information on Junior Operator License Restrictions in our Driver's Manual or online at www.mass.gov/rmv

This section is to be completed by the parent, guardian, child guardian division, or boarding school headmaster of an applicant under age 18.

Parent/Guardian Information & Certification:

To the Registrar: I hereby certify I am a: (check one) parent guardian 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 an ID/Learner's Permit/Driver's License/Road test or not less than 16 1/2 years of age if applying for a road test, and that my consent is given as required by M.G.L., Chap. 90, Section 8 that the applicant may be granted a Learner's Permit/Driver's License to operate motor vehicles. If this application is for a road test, I further certify that the above named applicant has completed an additional 12 hours of supervised, behind-the-wheel driving by a validly licensed person aged 21 or over, with at least one year of driving experience, in addition to the requirements of the driver education and training program. Falsely certifying is punishable by fine, imprisonment or both (M.G.L., Chap. 90, Section 24).

Parent/Guardian Address: _____
Street# Apt/Unit# City State Zip Code

Parent/Guardian Signature: _____ Printed Name: _____

If the person giving consent IS NOT a parent, proper documentation of authority must be shown at the time of the Permit and Road Test.

- Please complete REQUIRED Voter Registration and SIGNATURE Section on reverse side-

Voter Registration to be completed by all applicants (Except at road test sites)

To register to vote in Massachusetts you must be:

- a **U.S. CITIZEN**; and
- a Massachusetts resident; and
- at least 18 years of age or older on or before the next election.

1. Do you want to register to vote? Yes No

- Check "Yes" if you want to register to vote, **or** you are changing your name or address and want to be registered to vote with this new information.
- Check "No" if you are currently registered to vote and do not want to change your voter registration **or** do not want to register to vote.

If you answered "yes," complete question #2 and read the Affirmation Section below.

2. Check all that apply:

Are you a citizen of the United States of America? Yes No

Will you be at least 18 years of age or older on or before the next election?
 Yes No

NOTE: If you answered "no" to either of these questions, 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).

Democrat Republican No Party (unenrolled) Political Designation (not a political party): _____
(Print desired designation.)

PLEASE ASK THE LICENSE CLERK FOR YOUR VOTER REGISTRATION RECEIPT

Affirmation to be read by applicants registering to vote

When you sign your name at the counter to complete this transaction, you will be swearing (affirming) that you are the person identified on this form; that the information on this form is true; **THAT YOU ARE A CITIZEN OF THE UNITED STATES**; that you are not a person under a guardianship which prohibits you from registering to vote; that you are not temporarily or permanently disqualified by law from voting because of corrupt practices with respect to elections; and that you consider the residential address recited on this form to be your home address.

Confidentiality of voter registration information:
 If you register to vote, the office at which you registered will remain confidential and will only be used 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).

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 Application, including the Voter Registration section, and hereby apply for a Learner's Permit/Driver's License or an ID and swear (affirm), under the penalties of perjury, that the information I have provided in this Application is true and complete. **False statements are punishable by fine, imprisonment or both (M.G.L. c 90 §24).**

Signature: _____ Date: _____

Permit/Road Test Information to be completed by examiner or RMV official

Vehicle Used: _____ Registration Number: _____ Sponsor License Number: _____

Sponsor Signature: _____ Date Examined: _____ Please Check One:
 PASS **FAIL** **REJECT**

Parts of Test	Comments	Reason for failure or rejection
1. Pre-driving checks		
2. Hand signals		
3. Start engine		
4. Start/stop vehicle		
5. Parallel Park		
6. Backing approximately 50 feet		
7. Left-right turns	left right	Examiner Name
8. Start/stop/turn vehicle on hill		
9. Turn around between curbs		Examiner ID
10. Enter and leave intersections		Location
11. Recognize and obey traffic signs, lights, and signals		
12. Use of good driving rules		Examiner Signature
13. 360 degree turns left/right (<i>motorcycle only</i>)	left right	
14. Figure eights (<i>motorcycle only</i>)		

CUSTOMER SERVICE APPROVAL (RMV USE ONLY)	For customer service, contact our Phone Center at: 617-351-4500 from the 339/617/781/857 area codes or 800-858-3926 from all other MA area codes. Weekdays 9 a.m. until 5 p.m.
Date: _____ Initial: _____ Vision: Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Please visit our website for comprehensive information at: www.mass.gov/rmv
Batch Number: _____	