**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

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
<th>Suffix</th>
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**Legal Last Name** | **Legal First Name** | **Legal Middle Name** | **Suffix (Jr., Sr., 1st, etc.)**

**Date of Birth (mm/dd/yyyy)** | **Sex** | **Eye Color** | **Weight** | **Height** | **United States Citizen?** | **Montana Resident?**
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<tr>
<td></td>
<td>Female</td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
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<tr>
<td></td>
<td>Male</td>
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**Residential Address**

City | State | Zip Code

**Mailing Address**

City | State | Zip Code

**Social Security Number**

**Email Address (if available)**

**Daytime Phone Number**

**CHECK ALL THAT APPLY:**

- [ ] Driver License
- [ ] ID Card
- [ ] Motorcycle Endorsement
- [ ] Replacement
- [ ] REAL ID (optional)

**LICENSING QUESTIONS:**

1. 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?  

2. 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?  

3. Do you suffer from any chronic or potentially chronic condition that may cause a loss of consciousness or control?  

4. In the past 10 years, have you held a valid driver license or commercial driver license from any jurisdiction (state) other than Montana? If yes, list all states:  

5. 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?  

**CONSENT FOR A MINOR (must be signed in front of a notary or MVD employee):**

Check one: I certify that as a [ ] parent [ ] legal guardian or [ ] 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 Montana Code Annotated 61-5-108.

**Signature:**

**Date:**

**Driver License #:**

**or Printed Name:**

**NOTARIZATION OR VERIFICATION OF RESPONSIBLE ADULT:**

Signature verified before me on:  

**Signature of MVD staff or CDTP instructor:**

**Notary Stamp/Seal**

**State of**

**County of**

**Signed before me on**

**(date)**

by (clearly print name of parent signing form)

Notary signature

**VISION TEST:** for office use only

<table>
<thead>
<tr>
<th>Left Eye</th>
<th>Both Eyes</th>
<th>Right Eye</th>
<th>Color Perception</th>
</tr>
</thead>
<tbody>
<tr>
<td>Without glasses</td>
<td>20/</td>
<td>20/</td>
<td>20/</td>
</tr>
<tr>
<td>With glasses/contacts</td>
<td>20/</td>
<td>20/</td>
<td>20/</td>
</tr>
</tbody>
</table>

**HEARING TEST:** for office use only

<table>
<thead>
<tr>
<th>Pass</th>
<th>Fail</th>
<th>Check if wearing hearing aid</th>
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<<<<<<<<<<<<<<<<<<<<<< Please continue to the other side >>>>>
OTHER SERVICES OFFERED: Federal law requires male citizens and certain aliens living in the U.S. to register for the military selective service within 30 days of their eighteenth birthday. State law requires MVD to transmit registration information to the military selective service if a person under 18 but at least 15 years old indicates on their driver license application that they want to be registered on their eighteenth birthday.

If you are at least 15, do you want to be registered with Selective Service when you turn age 18. □ Yes □ No □ Not Applicable

If you are 15 or older, do you want your driver license or ID to show that you are an organ donor? □ Yes □ Not Now

MINOR APPLICANT: I certify under penalty of law 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:

☑ I want to register to vote or update my voter registration (continue on 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 reside 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.

<table>
<thead>
<tr>
<th>Previous Registration Name</th>
<th>Residence Address of Previous Registration</th>
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<table>
<thead>
<tr>
<th>Previous City</th>
<th>Previous County</th>
<th>Previous State</th>
<th>Previous Zip Code</th>
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</table>

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 Application 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 the 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/