



Add Veteran Designation (All Driver License/ID Cards) Instructions

P.O. Box 201430, Helena, MT 59620-1430 • Phone (406) 444-3933 • Fax (406) 444-1631 • www.dojmt.gov • DriverLicense@mt.gov
Please **PRINT**.

Montana law gives qualified veterans the option to have the word “Veteran” displayed on the front of their driver license. This program makes it easier for veterans to receive government benefits and other privileges they may be entitled to. Please complete this form and the following:

Step 1: Obtain documentation from the Montana Veteran Affairs division confirming your veteran status. As this is a state designation, federal documentation cannot be accepted. Below are the contacts for the Montana VA offices.

Belgrade	406-388-4601	Havre	406-265-4225	Lewistown	406-538-3174
Billings	406-248-8579	Helena	406-495-2082	Miles City	406-232-1203
Butte	406-533-0910	Kalispell	406-755-3795	Missoula	406-542-2501
Great Falls	406-452-2265				

Step 2: BY MAIL: Mail this signed, completed form, with the letter confirming veteran status in the state of Montana, and a check or money order made out to State of Montana to the PO Box at the top of this form.

Replacement Driver License (not REAL ID complaint) with Veteran Designation = **\$10.30**

Replacement REAL ID Driver License with Veteran Designation = **\$36.05**

OR

Step 2: IN PERSON: Make an appointment at www.dojmt.gov/driving to have the designation added to your driver license at an exam station. Be sure to bring this signed, completed form, with the letter confirming veteran status in the state of Montana, and cash, check, money order, or credit card (additional fees apply) in the amount dictated below:

Replacement Driver License (not REAL ID complaint) with Veteran Designation = **\$10.30**

Replacement REAL ID Driver License with Veteran Designation = **\$36.05**

Replacement ID Card (not REAL ID compliant) = **\$16.48** (\$8.24 if under 21)

Replacement REAL ID card = **\$42.23** (\$33.99 if under 21)

Renewal License or ID Card: Standard new applicant forms must be filled out and standard fees apply.

*Pre-paid receipts will have a nominal fee variation when paid at a county treasurer’s office.



Add Veteran Designation (All Driver Licenses/ID Card)

OFFICIAL USE ONLY

Veteran Status Confirmed
Yes No
C - K - M # _____
Amount \$ _____
Initials _____

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Legal Last Name		Legal First Name		Legal Middle Name		Suffix (Jr., Sr., 1 st , etc.)	
Date of Birth (mm/dd/yyyy)	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Eye Color	Weight	Height	Hair Color	Are you a Montana Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	County #
Montana Residential Address			City		State MT	Zip Code	
Montana Mailing Address			City		State MT	Zip Code	
Which address would you like printed on your driver license?		MT Residential Address		MT Mailing Address			
US address to mail license to if temporarily away			City		State	Zip Code	
Are you a United States Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Place of Birth: City		Place of Birth: State/Province/Country				
Montana Driver License Number		Social Security Number		Email Address		Current Daytime Phone Number	

I affirm under penalty of law (MCA 61-5-303) that the information on this application is true and correct, except for my answer about sex, to the best of my knowledge, information, and belief.

Signature	Date
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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 are registering to vote 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.

Previous Registration Name		Residence Address of Previous Registration	
Previous City	Previous County	Previous State	Previous Zip

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 Applicant 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 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/>.

Montana state authorities reserve the right to reject any form that has been altered.

This form is available in alternate formats for people with disabilities.



Change of Address for Driver License

C—K—M# _____

Date _____ Initials _____

P.O.Box 201431 Helena, MT 59620-1430 • Phone (406) 444-3661 • Fax (406) 444-0116 • DriverLicense@mt.gov • dojmt.gov

Montana law mandates that the Motor Vehicle Division be notified within 10 days of any address change. If your address has changed from what is currently on your driver license, please fill out this form and include it with your application.

Legal Last Name	Legal First Name	Legal Middle Name	Suffix(Jr., Sr., 1 st , etc.)	
Date of Birth (mm/dd/yyyy)	Montana Driver License #	Current Daytime Phone #	Email Address	
Montana Residential Address		City	State	Zip Code
Montana Mailing Address		City	State	Zip Code
I affirm under penalty of law (MCA 61-5-303) that the information on this application is true and correct to the best of my knowledge, information, and belief.				
Signature _____			Date _____	