



Skills Test Waiver Application (Motorcycle)

Last Name _____
 First Name _____
 DOB _____
 DL # _____

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

Motorcycle Skills Waiver Provisions

Drivers who complete the Motorcycle Safety Foundation Basic Rider Course (**MSFBRC**) outside the State of Montana may qualify for waiver of the motorcycle skills test to add the motorcycle endorsement to their license if the following is met.

- The organization and instructor that conducted the MSFBRC were currently certified when the course was given.
- The rider is applying for the skills test waiver within one year of successfully completing the course.
- The rider provides proof of successful completion within the past year by completing the following information.

Legal Last Name		Legal First Name		Legal Middle Name		Suffix (<i>Jr., Sr., Ist, etc.</i>)	
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	
Montana Residential Address			City			State	Zip Code
Montana Mailing Address			City			State	Zip Code
Which address would you like printed on your driver license?			MT Residential Address		MT Mailing Address		
<input type="checkbox"/> Add a veteran designation to your license (verification of eligibility required, more info at http://montanadma.org/montana-veterans-affairs)							
US address to mail license (cannot mail out of country)			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	

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 and correct, 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/>.



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Course Information	
MSF Course Title (e.g., Basic Rider Course)	Date Passed
Course Location (include city & state)	
Written Test Score	Riding Test Score
Number of Completion Card or of Certificate Card	Rider Education Recognition Program (RERP) Number
List ALL Rider Coach Names and Coach Numbers:	
Name of Rider Coach 1	Coach Number
Name of Rider Coach 2	Coach Number
Names of Additional Coaches or Program Director (if needed)	Additional Coach Numbers
Name of Person Verifying Course Completion	Daytime Phone Number or Email Address
Rider Coach Signature (only one coach's signature is required)	Date

Process Steps

Please mark the following check list to confirm that you have completed all the steps to receive your Montana Motorcycle Endorsement:

- Pay the \$10.30 replacement fee plus \$0.52 a year per remaining years on your current driver license or \$4.12 for the standard 8 year renewal for endorsement at a Montana driver license station, or send check or money order payable to MVD with this form.
- Complete this Skills Waiver Form and send to:
DOJ MVD
ATTN: Mail-in DL
PO Box 201430
Helena MT 59620-1430
- Successfully pass the Montana Motorcycle Written Exam
 - If you took the MSF Course outside of Montana and you are NOT an active duty military member you will need to take this exam at one of the MT driver license exam stations. Appointments can be scheduled at: <https://dojmt.gov/driving/>
 - If you are an active duty military member, you will take the Montana Motorcycle Written Exam on base with a CO or the base's Safety Instructor acting as a proctor. Please contact the Military Motorcycle Desk at: DriverLicense@mt.gov or call 406-444-3933 for Proctor Agreement.

Once you have submitted this form, the course will be verified with MSF and approved for a Montana Skills Waiver. After approved and all other steps are completed, your new Montana driver license with motorcycle endorsement will be sent to the address given on page 1.