



REGISTRY OF MOTOR VEHICLES APPLICATION FOR:

- Knowledge (written) 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"

General Applicant Information *Please print neatly with a ball point pen in blue or black ink.*

Social Security Number (SSN): _____	License Number (If different than SSN): _____
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Date of Birth (month/day/year): _____	Do you want to use your Social Security Number (SSN) as your license number (instead of a state assigned number?) <input type="checkbox"/> Yes <input type="checkbox"/> No (A "yes" answer may allow anyone who sees your license to learn your SSN.)
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Name: Last, First, Middle _____	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Height: _____ ft _____ in
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Mail Address: (Where you want us to send your Driver's License/ID and future notices from the RMV) U.S. Post Office MAY NOT deliver if your name is NOT on the mailbox.	Apt # _____
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City _____	State _____	Zip Code _____
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Residential Address: (Where you actually reside - if different from your Mail Address)	Apt # _____
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City _____	State _____	Zip Code _____
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Out of State License Conversion *To be completed by applicants converting an out of state license. Proof of Massachusetts residency is required.*

License Number: _____	State _____	License Class: _____
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Expiration Date (month/day/year): _____	CDL Endorsements Held: (Commercial License ONLY) <input type="checkbox"/> AIR BRAKES <input type="checkbox"/> COMBO <input type="checkbox"/> HAZMAT <input type="checkbox"/> PASSENGER <input type="checkbox"/> TANK <input type="checkbox"/>
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Parent/Guardian Information *To be completed by the parent, guardian, child guardian division, or boarding school headmaster of an applicant under age 18.*

To the Registrar: I hereby certify that 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 a knowledge (written) 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 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. c90 §24.**

Signature: _____

Printed Name: _____

If the person giving consent IS NOT a parent, proper documentation of authority must be shown at the time of the knowledge (written) and road test.

ID Requirements

For duplicates and renewals if you do not have your current Learner's Permit/Driver's License or ID, you may need to provide three forms of identification. Please see Appendix A of Driver's Manual for a list of acceptable forms of identification. This list is also on our website at www.mass.gov/rmv

Signature of Applicant (not complete without signature)

This application will be processed through the National Driver Register (NDR) and/or 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 hereby apply for a Learner's Permit/Driver's License or ID and swear (affirm), under the penalties of perjury, that the information I have provided in this application is true and, if applying for a CDL, I meet the qualification requirements listed in Title 49 CFR Part 391 or 540 CMR 2.06 and 14.00.

False statements are punishable by fine, imprisonment or both M.G.L. c 90 §24

Signature: _____ Date: _____

CUSTOMER SERVICE APPROVAL (RMV USE ONLY)
Date: _____
Initial: _____
Vision: Pass <input type="checkbox"/> Fail <input type="checkbox"/>

(RMV USE ONLY) Batch Number: _____

LICENSE CLASS APPLYING FOR:
<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> M

CDL ENDORSEMENTS APPLYING FOR: (FOR CLASS A, B, OR C)
<input type="checkbox"/> AIR BRAKES <input type="checkbox"/> COMBO
<input type="checkbox"/> HAZMAT <input type="checkbox"/> PASSENGER
<input type="checkbox"/> TANK <input type="checkbox"/> DOUBLES/TRIPLES

REQUIRED INFORMATION *To be completed by all applicants*

- Do you want to have the organ donor designation printed on your driver's license?
 Yes No
 To register, please complete an organ donor card.
 - Is your license or RIGHT to operate currently under suspension or revocation here or in any other state? Yes No
 If yes, where? _____
 Exp. Date _____
 If yes, why? _____
 - Are you an active duty member of the U.S. armed forces? Yes No
 - 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 counter clerk for a summary of these standards or visit our website at www.mass.gov/rmv for the complete text of these standards.)
 - 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 or 5 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

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

Question One:

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

- A. 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.
- B. 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 two and read the Affirmation Section below.

Question Two:

2. Please indicate party enrollment or political designation (check one). No Party (unenrolled) Democrat Republican
 Libertarian Green 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.

To register to vote in Massachusetts you must be:

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

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 registration: Fine of not more than \$10,000 or imprisonment for not more than five years or both M.G.L. c. 56 §8.

Written/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: <input type="checkbox"/> PASS <input type="checkbox"/> FAIL <input type="checkbox"/> 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	For CDL Licenses Only: Pass Fail	
8. Start/stop/turn vehicle on hill				1. Pre-Trip	<input type="checkbox"/> <input type="checkbox"/>
9. Turn around between curbs				2. Air Brake	<input type="checkbox"/> <input type="checkbox"/>
10. Enter and leave intersections				3. Forward & Back (Offset Alley)	<input type="checkbox"/> <input type="checkbox"/>
11. Recognize and obey traffic signs, lights, and signals				4. Parallel Park (Conventional)	<input type="checkbox"/> <input type="checkbox"/>
12. Use of good driving rules				5. Parallel Park (Sight Side)	<input type="checkbox"/> <input type="checkbox"/>
13. 360 degree turns left/right (motorcycle only)		left	right	6. Alley Dock	<input type="checkbox"/> <input type="checkbox"/>
14. Figure eights (motorcycle only)				7. Road Test Restriction Code	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
For customer service, contact our Phone Center at: 351-4500 (from 617 / 781 area codes) or: 800-858-3926 (from 413 / 508 / 978 area codes) Please visit our Web Site for comprehensive information at: www.mass.gov/rmv		Examiner Name		<input type="checkbox"/>	<input type="checkbox"/>
		Examiner ID		<input type="checkbox"/>	<input type="checkbox"/>
		Location		<input type="checkbox"/>	<input type="checkbox"/>
		Examiner Signature:		<input type="checkbox"/>	<input type="checkbox"/>