

Please make your selection below. If you select one of the options from line 2, you must also select one of the options from line 3.

NOTE: Mass ID cards and Liquor ID cards cannot be converted from other states. Permits and Liquor ID cards cannot be renewed.

1	<input type="radio"/> Learner's Permit Exam <input type="radio"/> Reinstatement
2	<input type="radio"/> License <input type="radio"/> Mass ID Card <input type="radio"/> Liquor ID Card <input type="radio"/> Permit
3	<input type="checkbox"/> Issuance <input type="checkbox"/> Renewal <input type="checkbox"/> Change of Information <input type="checkbox"/> Duplicate <input type="checkbox"/> Out-of-State Conversion

Fees are payable by Check, Money order, MasterCard, Visa, American Express or Discover. Go online to www.mass.gov/rmv for additional payment options.
 If paying by check, make payable to "MassDOT." **PLEASE FILL OUT FORM CLEARLY IN BLACK OR BLUE INK**

A	IDENTIFICATION REQUIREMENTS	
	For most transactions, including license conversions, applicants over the age of 18 must present three forms of ID which include: • Proof of date of birth • Proof of signature • Proof of Massachusetts residency Applicants under 18 years of age must only provide proof of date of birth. The parent/guardian <u>must</u> sign the certification on the back of this application.	You must also produce your social security number (SSN) that the RMV can verify with the U.S. Social Security Administration (SSA) as having been issued to you. If you do not have an SSN, an acceptable written denial notice not more than 60 days old, from the Social Security Administration (SSA) is required. You must also provide proof of an acceptable visa status, an I-94, and a current non-U.S. Passport.
	Please see the Driver's Manual for the identification requirements you must satisfy to obtain a license or ID card 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 .	
	MA Assigned License/ID/Permit Number	License Class
	<input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> D/M* <small>*D & M permits require separate applications</small>	Social Security Number

B	GENERAL INFORMATION					
	Last Name	First Name	Middle Name	Date of Birth Month Day Year	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Height Feet Inches
	Mailing Address (Where you want us to send your Driver's License/ID card and future notices from the RMV) U.S. Post Office MAY NOT deliver if your name is NOT on the mailbox.			City/State	Zip Code	
	Residential Address (Where you actually reside) <input type="checkbox"/> Same as above			City/State	Zip Code	

C	REQUIRED INFORMATION Questions 1-3 to be completed by all applicants. Questions 4-7 to be completed by License/Permit applicants only.	
	1. <input type="checkbox"/> Yes <input type="checkbox"/> No Do you want to be, or continue to be, registered as an organ & tissue donor? If yes, the RMV will provide this information to federally-designated organ procurement organizations serving the Commonwealth, and will print this designation on your driver's license/ID card. Applicants under age 18 need consent from a parent/guardian. Parent/Guardian Certification: I hereby certify that I give permission for the applicant named above to register as an organ or tissue donor. Parent/Guardian Signature _____	5. <input type="checkbox"/> Yes <input type="checkbox"/> No Is your license or RIGHT to operate suspended, revoked, canceled, withdrawn, or disqualified here or in another state, country, or jurisdiction? If yes, where? _____ Exp. Date _____ If yes, why? _____ Note: If you answered yes, additional documentation may be required.
	2. <input type="checkbox"/> Yes <input type="checkbox"/> No Are you an active duty member of the U.S. Armed forces? 3. <input type="checkbox"/> Yes <input type="checkbox"/> No Are you currently licensed to drive in any state, country, or jurisdiction? If yes, where? _____ What class or type of license? _____	6. <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have any medical condition that may affect your ability to safely operate a motor vehicle? (The RMV's Medical Advisory Board has established standards to determine fitness to operate a motor vehicle. Ask an RMV Branch Representative for a summary of these standards or visit our website at www.mass.gov/rmv for the complete list of these standards.)
	4. <input type="checkbox"/> Yes <input type="checkbox"/> No In the past 10 years, have you held any class of driver's license in any other state, country, or jurisdiction? If yes, where? _____ Class of License _____ License # _____ <small>(Inform RMV of previous names) (use additional paper if you need more space)</small>	7. <input type="checkbox"/> Yes <input type="checkbox"/> No Are you currently taking any medication that may affect your ability to safely operate a motor vehicle? Note: If you answered yes to questions 6, or 7, an RMV Branch Representative must contact the Medical Affairs Branch (MAB).

D	OUT-OF-STATE LICENSE/PERMIT CONVERSION to be completed by applicants converting an out-of-state license or permit				
	License/Permit Number	State	License/Permit Class <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> D/M <small>Passenger Motorcycle Both</small>	Expiration Date (month/day/year)	Issue Date (month/day/year)
	<i>Your out-of-state license/permit must be surrendered to the RMV.</i>				

RMV USE ONLY:	
Date:	Initial:
PAYMENT TYPE: <input type="checkbox"/> Cash <input type="checkbox"/> Credit Card <input type="checkbox"/> Check <input type="checkbox"/> Money Order	
BATCH NUMBER:	




E	CHANGE OF INFORMATION		
	<input type="checkbox"/> Check here if your name has changed. Please print your new name in the General Information section and your previous name below.		
	Last Name	First Name	Middle Name
	<input type="checkbox"/> Check here if the address in the General Information section reflects a change of Mailing Address .		
	<input type="checkbox"/> Check here if the address in the General Information section reflects a change of Residential Address .		
<input type="checkbox"/> Check here if <i>your gender designation</i> has changed. Note: Additional documentation will be required		<input type="checkbox"/> Other	
Change gender designation to: <input type="checkbox"/> Male <input type="checkbox"/> Female			
<input type="checkbox"/> Check here if your height has changed. Current height is ft. ___ in. ___			

F	PARENTAL CONSENT FOR MINOR; INFORMATION & CERTIFICATION OF PERSON PROVIDING CONSENT	
	This section must be completed by a parent of the applicant, the legal guardian, the Massachusetts Child Guardian Division, or the Headmaster of the Boarding School the applicant is attending.	
	To the Registrar: I hereby certify I am: (check one) <input type="checkbox"/> parent <input type="checkbox"/> legal guardian <input type="checkbox"/> Massachusetts Child Guardian Division <input type="checkbox"/> 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 Learner's Permit or Driver's License OR who is less than 18 years of age, but not less than 14 years of age, if applying for an ID card, and that my consent is given as required by M.G.L. Chap. 90, Section 8 for the issuance of a Driver's License; or as required by M.G.L. Chap. 90, Section 8B for a Learner's Permit; or by M.G.L. Chap. 90, Section 8E for an Identification Card (ID). False certification is punishable by fine, imprisonment, or both (M.G.L. Chap. 90, Section 24).	
	Parent/Guardian's Address:	Printed Name:
Parent/Guardian's Signature:		
If the person giving consent IS NOT a parent, proper documentation of authority must be shown.		

G	VOTER REGISTRATION to be completed by all applicants	
	To register to vote in Massachusetts you must be: A U.S. CITIZEN, a resident of Massachusetts and at least 18 years old on or before the next election in your city or town, which could be a town meeting, city or town preliminary, city or town election, state primary, state election, special state primary, special state election, or special city or town election.	
	1. Do you want to register to vote? <input type="checkbox"/> Yes <input type="checkbox"/> No	2. Check all that apply:
	<ul style="list-style-type: none"> 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 If you answered "yes," complete question #2 and read the Affirmation Section below.	Are you a citizen of the United States of America? <input type="checkbox"/> Yes <input type="checkbox"/> No Will you be at least 18 years of age or older on or before Election Day? <input type="checkbox"/> Yes <input type="checkbox"/> 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).	
<input type="checkbox"/> Democrat <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> No Party (unenrolled) <input type="checkbox"/> Political Designation (not a political party): _____ <small>(Print desired designation.)</small>		
PLEASE ASK THE LICENSE CLERK FOR YOUR VOTER REGISTRATION RECEIPT		

H	AFFIRMATION TO BE READ BY APPLICANTS REGISTERING TO VOTE
	If you are 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 submit your application will remain confidential and will be used only for voter registration purposes. If you decline to register to vote, the fact that you declined to register will remain confidential and will be used only 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 completed Application Form , including the Voter Registration Section , and hereby apply for a Learner's Permit/Driver's License or an ID card and swear (affirm), under the penalties of perjury, that the information I have provided is true and complete. False statements are punishable by fine, imprisonment, or both (M.G.L. c 90 §24). Signature: _____ Date: _____ The Registrar reserves the right to cancel, revoke, or recall, any permit, license, or ID card if it is determined that the applicant was not qualified for such permit, license, or ID card.	

TURNING 21? RENEW ON OR AFTER YOUR 21ST BIRTHDAY TO RECEIVE A STANDARD HORIZONTAL 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.	
FOR CUSTOMER SERVICE:	
Contact our Phone Center at 617-351-4500 • Weekdays 9 a.m.- 5 p.m.	
Please visit our website for more information at: www.mass.gov/rmv	
 9012-WALK-IN	