Last Name			First Name					Middle Name Suffix		
☐ New Issuance	REAL IC	Date:						Customer a	#	
Renewal	MC	CJ#:						Amt Paid:		
Replacement	☐ ID	Docs:						Statement	#	
State of Montana APPLICATION FOR CLASS D DRIVER LICENSE (age 18 or older) -or- IDENTIFICATION CARD (all applicants) Print in BLACK or BLUE ink only Customer Care Center: (406) 444-3933 mvd@mt.gov										
Legal Last Name			First Name				Aiddle Name			Sr., 1 st , etc.
Date of Birth (mm,	/dd/yyyy)	Sex Female	Eye Color	Weigh	nt	Height	United Sta	tes Citizer		a Resident?
		Male					L Yes	□ NO	☐ Ye	
Residential Addres	SS				City			State	Zip Cod	de
Mailing Address			City					State	Zip Coo	le
Place of Birth		Social Se	ecurity Numl	per	E	mail Addre	ess (if availa	ible)	Daytime Ph	one Numbe
 Do you have an and reasonable Do you rely on a and reasonable Do you suffer fr control? >>> In the past 10 y tion (state) others Do you have a control your driver licer 	y physical o control in the control	he safe oper e equipment he safe oper onic or poter >>>>>> you held a v tana? If yes ending suspe	ation of a moor operation ation of a montially chronic system of a montially chronic system of a montially chronic system of a montial chronic	otor ve al restrotor ve condition of conditions of conditions of consection,	hicle fiction tion >>> or co	e on the highest to attain to the highest that may commercial control of the cont	ghway? >> n the ability to ghway? >> cause a loss of >>>>>> driver license	>>>>>> o exercise >>>>>> of conscious >>>>>> e from any on, or withou	>>>> [ordinary >>>> [siness or >>>> [jurisdic- drawal of	Yes

VISION TEST: for office use only

Without glasses

With glasses/contacts

Both Eyes Right Eye

20/

20/

Color Perception

Depth

☐ Yes

☐ Yes

Yes

No

No

☐ Not Now

Present

Absent

HEARING TEST: for office use only

Fail

		_			
П	Check	if	wearing	hearing	aid

If you are 18 or older, do you want your driver license or ID to show that you have a living will?

If you are 15 or older, do you want your driver license or ID to show that you are an organ donor? >>>>

Left Eye

20/

20/

Comments:

Pass

20/

20/

military selective service wition to the military selective	thin 30 days of their eighteer	nth birthday. State law req 3 but at least 15 years old i	liens living in the U.S. to register for the uires MVD to transmit registration informandicates on their driver license application			
f you are at least 15, do you want to be registered with Selective Service when you turn age 18. 🔲 Yes 🔲 No 🔲 Not Applicable						
	nt to add a VETERAN design airs is required. Visit <u>dma.mt</u>	•	fication of eligibility through the Montana efits. Yes Not Now			
mation, and belief. I understa cancellation of any license be verified against nationwi another state will be cancel all driver licenses or IDs issue	and that any false or misleadi or card issued and/or my dis ide systems. I understand tha ed. I understand that if I am iss	ing statement on my applic equalification for a period c at if Montana issues me a c	correct to the best of my knowledge, infor- cation may result in criminal prosecution, of 60 days. I understand information may driver license or ID, any other card held in or ID by any other state Montana will cancel			
Signature:			Date:			
I do not want to	er to vote or update my voregister to vote (end of a stered to vote and do not	application if selected)	formation (end of application if selected)			
Will you be at least 1 Will you be a Montar If you checked "No Previous Registration In	=	e the next election? >> lays before the next elect these questions, this i provide cancellation info	Yes No tion? >>>>>> Types No s the end of the application. rmation to former jurisdiction.			
Previous Registration Nam	Previous Registration					
Previous City	Previous County	Previous State	Previous Zip Code			
reside at the address list Service, I must complete Voter Application Affirm I affirm under penalty of States, that I will be at lefor at least 30 days prior have been found to be of application, I may be sub-	sentee ballot to be mailed to ded on this application. I under, sign, and return a confirmation perjury that the information east 18 years old on or before to the next election, and the funsound mind by a court.	derstand that if I file a clear mation notice mailed to not not this application is to the next election, that I am not serving a fear I understand that if I had nent, or both, under fede	which I am eligible to vote as long as I hange of address with the U.S. Postal he by the county election office. True, that I am a citizen of the United it I will have been a resident of Montana elony conviction in a penal institution nor ve given false information on this ral and/or state law. By signing you er registration purposes.			
Signature			Date			
The affirmation on this ap	-	ion must be signed by th	e applicant. Failure to do so will prevent			
Where you submit this for voter registration purpose		vote is confidential, and	this information can only be used for			
			are registered to vote, check your voter			

11-1400 (5/21) MCA 61-5-107 and USC 666(a)(13)