



Driver's License, Learner's Permit or ID Card Application

(Passenger (Class D), Motorcycle (Class M), Class D/M, or Massachusetts Identification Card)

Save time, go to mass.gov/RMV to apply online!

A. Service Type

1. Type: REAL ID Standard ID

2. Document to Issue: Learner's Permit Driver's License Massachusetts ID Card

3. Class of Learner's Permit/License (if applicable): Passenger (Class D) Motorcycle (Class M) Both (Class D/M)

4. Service Type: New Renewal Replacement Out-of-State Conversion Reinstatement CDL Downgrade
 Change of Information (Enter new information in applicable fields): Name Address DOB Gender Height Eye Color

B. Applicant Information

Last Name (If you're getting a REAL ID, provide your full legal name)		First Name	Middle Name	Suffix
Current Massachusetts Learner's Permit or Driver's License # (if applicable)		Date of Birth (MM/DD/YYYY)		
What is your Social Security Number?	If you do not have a Social Security Number, you will need an SSA Denial notice & Foreign Passport. Foreign Passport #			
Residential Address (Where you actually reside)				
Street	Apt. #	City	State	Zip Code
Mailing Address <input type="checkbox"/> (same as above)				
Street	Apt. #	City	State	Zip Code
Email	Phone Type <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		Phone #	
Emergency Contact Information: (optional)				
Email	Name	Phone Type <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		Phone #

C. Out of State Conversion (Skip if not converting from out of state)

Driver's License, Learner's Permit or ID Card #	Document Type <input type="checkbox"/> Learner's Permit <input type="checkbox"/> Driver's License <input type="checkbox"/> ID Card	Restriction(s) (if applicable)		
Country	State	Issue Date (MM/DD/YYYY)	Expiration Date (MM/DD/YYYY)	

D. Required Demographic Information

Gender <input type="checkbox"/> M <input type="checkbox"/> F	Eye Color <input type="checkbox"/> Black <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Hazel <input type="checkbox"/> Pink <input type="checkbox"/> Blue <input type="checkbox"/> Dichromatic <input type="checkbox"/> Green <input type="checkbox"/> Maroon <input type="checkbox"/> Unknown	Height (feet, inches)
Register me (or keep me registered) as an Organ and Tissue Donor: <input type="checkbox"/> Yes <input type="checkbox"/> No For more information on organ and tissue donation, visit: NEDS.org .		
Would you like to donate \$2 to the Organ and Tissue Donor Registration Fund? (to be answered for renewal and replacement transactions only) <input type="checkbox"/> Yes <input type="checkbox"/> No		

Military Status (documentation is required if checked – visit mass.gov/rmv for acceptable documents)

<input type="checkbox"/> Are you an active duty member?	What military branch?	<input type="checkbox"/> If you are a veteran of the U.S. Armed Forces, do you want the word "VETERAN" printed on your ID?
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E. CDL Downgrade (if applicable)

CDL Downgrade: I understand that my CDL will be downgraded to a Class D, M, or D/M license and I authorize the RMV to process this transaction.

Applicant Signature: _____



F. Voter Registration

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?..... Yes No
 - 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.
 - If you answered "Yes," complete question #2 and read the Affirmation Section below.
 - Check "No" if you are currently registered to vote and do not want to change your voter registration.
2. Are you a citizen of the United States of America?..... Yes No
NOTE: If you answered "no" to this question, 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). Democratic Republican Libertarian Green-Rainbow
 No Party (unenrolled) 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

I hereby swear (affirm) that I am the person named above, that the above information is true, that I AM A CITIZEN OF THE UNITED STATES, that I am at least 16 years old and I understand that I must be 18 years old to be eligible to vote, that I am not a person under a guardianship which prohibits my registering to vote, that I am not temporarily or permanently disqualified by law from voting because of corrupt practices in respect to elections, that I am not currently incarcerated for a felony conviction, and that I consider this residence to be my home. Signed under the penalty of perjury.

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).

G. Mandatory Questions

1. In the past 10 years, have you held any class of license, in any other state, country or jurisdiction?..... Yes No
If yes, where? (Country/State) _____ What credential class? _____ What credential #? _____
List any current license/permit also: _____
You may use additional paper if necessary.
2. Do you have a cognitive, neurologic, physical or any other impairment that may affect..... Yes No
your functional ability to operate a motor vehicle safely?
3. Are you currently taking any medication that may affect your ability to safely operate a motor vehicle? Yes No
4. Is your license or RIGHT to operate suspended, revoked, canceled, withdrawn, or disqualified here or..... Yes No
in another state, country or jurisdiction?

H. Parent/Guardian Consent for Applicants under the age of 18

(Information & Certification of Person Providing Consent)

If the person giving consent IS NOT a parent, proper documentation of authority must be shown.

I hereby certify I am: (check one) parent legal guardian Department of Children and Families 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 24B).**

Parent/Guardian's Address: _____

Parent/Guardian's Signature: _____

I. Certification and Signature of Applicant (application not complete without signature)

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 correct.

I am aware that false statements are punishable by fine, imprisonment, or both under M.G.L. Chapter 90, Section 24B.

Signature: _____ Date: _____

The Registrar reserves the right to cancel, revoke, or recall, any learner's permit, driver's license, or ID card if it is determined that the applicant was not qualified for such learner's permit, driver's license, or ID card.

RMV Use Only

Date: _____ Clerk Initials: _____



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