



REGISTRY OF MOTOR VEHICLES
APPLICATION FOR:

- Knowledge (written) Test
Road Test
Out of State Conversion
Mass ID
Liquor ID

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

Please print all information neatly in ball point pen in blue or black ink.

General Information To be completed by all applicants

Form fields for Social Security Number, Date of Birth, License Number, and Name.

IMPORTANT: Your Driver's License/ID will be mailed to the address provided on this form. Proof of Massachusetts residency may be required.

Mail Address: If Post Office Box, residential address must also be shown

City, State, Zip Code fields for mail address

Residential Address: If different from mail address

City, State, Zip Code fields for residential address

Out of State License Conversion To be completed by applicants converting an out of state license. Proof of Massachusetts residency is required.

Form fields for License Number, State, License Class, Expiration Date, and CDL Endorsements Held.

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...

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.

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...

Signature: _____ Date: _____

CUSTOMER SERVICE APPROVAL (RMV USE ONLY)
Date:
Initial:
Vision: Pass Fail

(RMV USE ONLY) Batch Number:

License Class Applying For:
A B C D M
For CDL (Class A, B, or C) Endorsements Applying For:
AIR BRAKES COMBO
HAZMAT PASSENGER
TANK DOUBLES/TRIPLES

REQUIRED INFORMATION To be completed by all applicants

- 1. Do you want to have the organ donor designation printed on your driver's license?
2. Has your license or RIGHT to operate ever been suspended or revoked here or in any other state?
If yes, where?
Exp. Date
If yes, why?

Has it been restored?
Date:

- 3. Have you been convicted of, or adjudged a delinquent child by reason of, any crime involving the operation of a motor vehicle within the last ten years?
4. Do you have any physical, mental, or other condition that may affect your ability to safely operate a motor vehicle?
5. Are you currently taking any medication that could affect your ability to safely operate a motor vehicle?

Note: If you answered yes to questions 3, 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)

Instructions for Question One:

A. 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 "yes"

OR...

B. If you do not want to register to vote, check "no".

Question One:

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

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 Party

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

Vehicle Used:	Registration Number:	Sponsor License Number:
---------------	----------------------	-------------------------

Sponsor Signature:	Date Examined:	Please Check One: <input type="checkbox"/> PASS <input type="checkbox"/> FAIL
--------------------	----------------	--

Reason For Failure or Refusal:

For CDL Licenses Only:		
	Pass	Fail
1. Pre-Trip	<input type="checkbox"/>	<input type="checkbox"/>
2. Air Brake	<input type="checkbox"/>	<input type="checkbox"/>
3. Forward & Back (Offset Alley)	<input type="checkbox"/>	<input type="checkbox"/>
4. Parallel Park (Conventional)	<input type="checkbox"/>	<input type="checkbox"/>
5. Parallel Park (Sight Side)	<input type="checkbox"/>	<input type="checkbox"/>
6. Alley Dock	<input type="checkbox"/>	<input type="checkbox"/>
7. Road Test	<input type="checkbox"/>	<input type="checkbox"/>
Restriction Code	Add	Delete
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<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)

Examiner Name
Examiner ID
Location
Examiner Signature:

Please visit our Web Site for comprehensive information at:
www.state.ma.us/rmv/