



REGISTRY OF MOTOR VEHICLES APPLICATION FOR:

- Renewal Change of Information
 License Issue Reinstatement or

Duplicate: (Check one) License Permit Mass ID Liquor ID

Please complete this form on both sides
Please print all information neatly in ball point pen in blue or black ink.
False statements are punishable by fine, imprisonment or both M.G.L. c 90 §24

General Information To be completed by all customers

Social Security Number: _____ Date of Birth (mo/ day/year): _____

License Number: If *different than SS#* Do you want a random state assigned number for your license number (instead of your social security number)?
 Yes No

Name: *Last, First, Middle*

IMPORTANT Your license will be mailed to the address provided on this form.

Mail Address: *If PO Box, residential address must be shown* Apartment Number

City State Zip Code

Residential Address: *If different from mail address* Apartment Number

City State Zip Code

Change of Information Leave this section blank if no changes

- Check here if your name has changed. Please print your new name in the General Information section and your previous name below.
Previous Name: *Last, First, Middle*
- _____
- Check here if the address in the General Information section reflects a change of **Mailing Address**.
- Check here if the address in the General Information section reflects a change of **Residential Address**.
- Check here if sex has changed. Note: additional documentation may be required
Change Sex To: Male Female

ID Requirements

For duplicates and renewals if you do not have your current 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.state.ma.us/rmv/

SIGNATURES To be completed by all customers

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, the undersigned, hereby apply for a license to operate motor vehicles or ID and swear (affirm), under the penalties of perjury, that the information I have provided in this application is true and, if renewing a CDL, I meet the qualification requirements listed in Title 49 CFR Part 391 or 540 CMR 2.06 and 14.00

Signature: _____ Date: _____

CUSTOMER SERVICE APPROVAL (RMV USE ONLY)

Date: _____
Initial: _____
Vision: Pass Fail

(RMV USE ONLY) Batch Number: _____

REQUIRED INFORMATION

To be completed by all customers

- Do you want to have the organ donor designation printed on your driver's license? Yes No
To register, complete an organ donor card.
- Has your license or RIGHT to operate ever been suspended or revoked here or in any other state? Yes No
If yes, where? _____
Exp. Date _____
If yes, why? _____

- Has it been restored? Yes No
Date: _____
- 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? (Do not include parking violations) Yes No
- Do you have any physical, mental, or other condition that may affect your ability to safely operate a motor vehicle? Yes No
- Are you currently taking any medication that could affect a person's ability to safely operate a motor vehicle? Yes No

Note:

If you answered yes to questions 3, 4 or 5, additional documentation may be required.

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 customers

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 customers 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