



# 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

Social Security Number: \_\_\_\_\_ Date of Birth (month/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 Driver's License/ID will be mailed to the address provided on this form. Proof of Massachusetts residency may be required.

Sex:  Male     Female    Height: \_\_\_\_\_ ft \_\_\_\_\_ in

Mail Address: *If Post Office Box, residential address must also be shown* \_\_\_\_\_ Apartment Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

License Number: \_\_\_\_\_ State \_\_\_\_\_ License Class: \_\_\_\_\_

Expiration Date (month/day/year): \_\_\_\_\_ CDL Endorsements Held:

- AIR BRAKES     COMBO     HAZMAT  
 PASSENGER     TANK     DOUBLES/TRIPLES

**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 who is less than 18 years of age, but not less than 16 years of age if applying for a knowledge (written) test or not less than 16 1/2 years of age if applying for a road test, and that my consent is given as required by G.L., Chap. 90, Section 8 that the applicant may be granted a Learner's Permit/Driver's License to operate motor vehicles. **If this application is for a road test, I further certify that the above named applicant has completed an additional 12 hours of supervised, behind-the-wheel driving by a person aged 21 or over, in addition to the requirements of the driver education and training program. Falsely certifying is punishable by fine, imprisonment or both. M.G.L. c90 §24.**

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. 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/](http://www.state.ma.us/rmv/)

**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 and the social security number will be verified with the Social Security Administration. I, the undersigned, hereby apply for a Learner's Permit/Driver's License or ID and swear (affirm), under the penalties of perjury, that the information I have provided in this application is true and, if applying for a CDL, I meet the qualification requirements listed in Title 49 CFR Part 391 or 540 CMR 2.06 and 14.00.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- SEE REVERSE SIDE -

**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

- 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 your 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.*

**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"/> <b>PASS</b> <input type="checkbox"/> <b>FAIL</b>																						
Reason For Failure or Refusal:		<b>For CDL Licenses Only:</b>																						
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<p><b>For customer service, contact our Phone Center at:</b> 351-4500 (from 617 / 781 area codes) or: 800-858-3926 (from 413 / 508 / 978 area codes)</p> <p><b>Please visit our Web Site for comprehensive information at:</b> <a href="http://www.state.ma.us/rmv/">www.state.ma.us/rmv/</a></p>	<p>Examiner Name</p> <hr/> <p>Examiner ID</p> <hr/> <p>Location</p> <hr/> <p>Examiner Signature:</p> <hr/>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;"></th> <th style="width: 15%; text-align: center;">Add</th> <th style="width: 15%; text-align: center;">Delete</th> </tr> </thead> <tbody> <tr> <td>Restriction Code</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>_____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>_____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>_____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>		Add	Delete	Restriction Code	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>							
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