

# Massachusetts Registry of Motor Vehicles Application for:

Check appropriate box: (Do not use for Commercial Driver's Licenses)

**Permit Test**    
  **Road Test**    
  **Out of State Conversion**    
  **Mass ID**    
  **Liquor ID**  
 Fees are payable by Cash, Check, Money Order, Mastercard, Visa, or Discover. If paying by check, please make payable to "Registry of Motor Vehicles" or "RMV".

## Identification Requirements

For most transactions, including license conversions, applicants over the age of 18 must present four forms of ID which include:

- SSN Card or valid, current US or non-US passport
- Proof of date of birth
- Proof of signature
- Proof of Massachusetts residency

Applicants under 18 years of age are not required to provide proof of residence or signature. The parent/guardian must sign the certification at bottom.

**If you do not have a SSN, an acceptable written denial notice not more than 30 days old, from the Social Security Administration (SSA) is required. You must also provide proof of an acceptable visa status.**

Please see the Driver's Manual for the identification requirements you must satisfy to obtain a license or ID and the list of "Acceptable Forms of Identification" that may satisfy those requirements. The list is also on our website at [www.mass.gov/rmv](http://www.mass.gov/rmv).

## General Applicant Information *Please print neatly with a ball point pen in blue or black ink.*

<input type="checkbox"/> <b>D</b> Passenger	<input type="checkbox"/> <b>M</b> Motorcycle	Social Security Number (SSN): _____	MA assigned License/Permit/ID Number: _____
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**Federal Law now prohibits use of your SSN on a License/Permit/ID. The RMV will assign a License/Permit/ID number.**

Name: _____	Last	First	Middle	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Height: _____	Date of Birth (month/day/year)
					ft. in.	

Residential Address: (Where you actually reside) Street# _____	Apt/Unit# _____	City _____	State _____	Zip Code _____
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Mail Address: (Where you want us to send your Driver's License/ID and future notices from the RMV) U.S. Post Office MAY NOT deliver if your name is NOT on the mailbox. Street# _____	Apt/Unit# _____	City _____	State _____	Zip Code _____
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## Out of State License Conversion *to be completed by applicants converting an out of state license. Your out-of-state license must be surrendered to RMV.*

License Number _____	State _____	License Class <input type="checkbox"/> D Passenger <input type="checkbox"/> M Motorcycle	Expiration Date (month/day/year) _____
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## REQUIRED INFORMATION *to be completed by all applicants*

1. Are you currently licensed to drive in any state, the District of Columbia, or a foreign country?  Yes  No  
If yes, where? \_\_\_\_\_  
What Class or type of license? \_\_\_\_\_
  2. In the past 10 years have you held any class of driver's license in any other state, the District of Columbia, or a foreign country?  Yes  No  
If yes, where? \_\_\_\_\_ License Class \_\_\_\_\_ License # \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(inform RMV of previous names) (use additional paper if you need more space)
  3. Do you want to be an organ or tissue donor?  Yes  
If yes, the RMV will print the designation on your driver's license/ID.  
The RMV is required by law to provide certain information identifying organ donors to federally-designated organ procurement organizations and other federally registered non profit eye and tissue banks serving the Commonwealth.
  4. Is your license or RIGHT to operate suspended, revoked, canceled, withdrawn, or disqualified here or in any other state?  Yes  No  
If yes, where? \_\_\_\_\_ Exp. Date \_\_\_\_\_  
If yes, why? \_\_\_\_\_
  5. Are you an active duty member of the U.S. armed forces?  Yes  No
  6. Do you have any medical condition that may affect your ability to safely operate a motor vehicle?  Yes  No  
(The Medical Advisory Board has established standards to determine fitness to operate a motor vehicle. Ask a clerk for a summary of these standards or visit our website at [www.mass.gov/rmv](http://www.mass.gov/rmv) for the complete list of these standards.)
  7. Are you currently taking any medication that may affect your ability to safely operate a motor vehicle?  Yes  No
- Note:** If you answered yes to questions 4, 6, or 7, additional documentation may be required.

## Parental Consent for Minor; Information & Certification of Person Providing Consent:

**This section must be completed by a parent of the applicant, the legal guardian, the Massachusetts Child Guardian Division or the Headmaster of the Boarding School the applicant is attending.**

**To the Registrar: I hereby certify I am: (check one)  applicant's parent  legal guardian  Massachusetts 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 an ID, Learner's Permit or Driver's License 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 M.G.L. Chap. 90, Sections 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). If this application is for a road test, I further certify by my separate signature that the applicant has completed the required number of hours of behind-the-wheel driving by a validly licensed person aged 21 or over, with at least one year of driving experience, in addition to the requirements of the driver education and training program. (Sign the appropriate time period and sign again at the bottom where noted).

- Permit obtained prior to September 1, 2007: The applicant has completed the additional 12 hours of required supervised driving. \_\_\_\_\_  
Parental Signature
- Permit obtained on or after September 1, 2007: The applicant has completed the additional 40 hours of required supervised driving. \_\_\_\_\_  
Parental Signature
- Completion of Skills Program: The applicant has completed the additional 30 hours of required supervised driving and successfully completed an RMV approved driver skills development program. \_\_\_\_\_  
Parental Signature

**False certification is punishable by fine, imprisonment or both (M.G.L. Chap. 90, Section 24).**

Parent/Guardian Address: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

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

Date: _____	Initial: _____	(RMV USE ONLY) Cash <input type="checkbox"/> Credit Card <input type="checkbox"/> Payment Type: Check <input type="checkbox"/> Money Order <input type="checkbox"/>	Batch Number: _____
Vision: Pass <input type="checkbox"/> Fail <input type="checkbox"/>			

**- Please complete REQUIRED Voter Registration and SIGNATURE Section on reverse side-**

**Voter Registration to be completed by all applicants (Except at road test sites)**

To register to vote in Massachusetts you must be:

- a **U.S. CITIZEN**; and
- a Massachusetts resident; and
- at least 18 years of age or older on or before the next 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.
- Check "No" if you are currently registered to vote and do not want to change your voter registration **or** do not want to register to vote.

If you answered "yes," complete question #2 and read the Affirmation Section below.

**2. Check all that apply:**

**Are you a citizen of the United States of America?**       Yes     No

**Will you be at least 18 years of age or older on or before the next election?**  
 Yes     No

**NOTE:** If you answered "no" to either of these questions, 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).**

Democrat                       Republican                       Green-Rainbow                       Working Families                       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**

If you are 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.

**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).

**SIGNATURE OF APPLICANT** (application not complete without signature)

**Note:** This application will be processed through the National Driver Register (NDR) and 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 have reviewed the Application Form, including the Voter Registration Section, and hereby apply for a Learner's Permit/Driver's License or an ID and swear (affirm), under the penalties of perjury, that the information I have provided is true and complete. **False statements are punishable by fine, imprisonment or both (M.G.L. c 90 §24).**

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

**Permit/Road Test Information to be completed by examiner or RMV official**

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> <input type="checkbox"/> <b>REJECT</b>
Parts of Test	Comments	Reason for failure or rejection
1. Pre-driving checks		
2. Hand signals		
3. Start engine		
4. Start/stop vehicle		
5. Parallel Park		
6. Backing approximately 50 feet		
7. Left-right turns	left                      right	Examiner Name
8. Start/stop/turn vehicle on hill		
9. Turn around between curbs		Examiner ID
10. Enter and leave intersections		Location
11. Recognize and obey traffic signs, lights, and signals		
12. Use of good driving rules		Examiner Signature
13. 360 degree turns left/right (motorcycle only)	left                      right	
14. Figure eights (motorcycle only)		

**The Registrar reserves the right to cancel, revoke, or recall, any permit, license or ID if the Registrar determines that the applicant was not qualified for such permit, license, or ID.**

**Official Notice: Massachusetts law requires persons convicted of a sex offense to register with their local police departments. For information, call 1-800-93MEGAN**

For customer service, contact our Phone Center at:  
 617-351-4500 from the 339/617/781/857 area codes or 800-858-3926 from all other MA area codes.  
 Weekdays 9 a.m. until 5 p.m.

Please visit our website  
 for more information at:  
[www.mass.gov/rmv](http://www.mass.gov/rmv)