Last N	First Name					Middle Name Suffix						
☐ New Issuance	REAL ID	Date:						Custor	mer #			
Renewal	□ MC	CJ#:					_		 _ nent #			_
	<u> </u>						_					_
Replacement	CDTP	Docs:					_	Amour	nt Paid: _			_
MVD and the partment of the pa	n BLACK or B		ICATIOI ~	N F Mir	OR I	Only ~				mvd@mt.c	jov	
Legal Last Name			Legal First Name				Legal Middle Name			Suffix(Jr., Sr., 1 st , etc.)		
Date of Birth (mm/c		Eye Color	r Weight		 Height Un		nited States Citize		 en? Montana Resident?			
		Female	1 ,		giic	ricigiic	l _	Yes No		Yes No		
		Male						1 165				
Residential Address	;				City				State	Zip Co	de	
Mailing Address					City			State		Zip Code		
_												
Social Security Nur	nber		Email Address (if available)						Daytime	Phone Nu	mber	
CHECK ALL THAT			-									
Driver License	ID Card		Motorcycle	Endo	orseme	nt L	Repl	acement	LI RI	EAL ID (option	nal)	
 Do you have any and reasonable of 2. Do you rely on an and reasonable of 3. Do you suffer fro 	physical or me ontrol in the sa ny adaptive equ ontrol in the sa	afe oper uipment afe oper	ation of a mo or operation ation of a mo	otor al res	vehicle strictio vehicle	on the hins to attain on the hins	ghwa n the ghwa	y? >> ability to y? >>	>>>>> o exercise >>>>>	>>>> ordinary >>>>	Yes T] No
control? >>>>											Yes _	No
4. In the past 10 years, have you held a valid driver license or commercial driver license from any jurisdiction (state) other than Montana? If yes, list all states:										No		
5. Do you have a cu your driver licens											Yes	No
PARENTAL CONS Check one: I certify cant, I consent to t Code Annotated 61	that as a 🔲 he issuance of	parent	legal gu	ardia	an or	respor	isible	adult of sume ob	of the abo	ve-named nposed und		
Signature:					ate:				nted Name			
NOTARIZATION Parent signature veri						URE: f or CDTP ir	nstruc	tor:				OR
State of	County			S		fore me on			tamp/Seal			
by (clearly print name of	parent signing form	1)										
Notary signature												
	e use only ut glasses lasses/contacts		Left Eye 20/ 20/		Both Ey 20/ 20/		Right 20/ 20/	Eye	Colo	or Perception Depth	Abse	

HEARING TEST: for office use only

☐ Pass ☐ Fail ☐ Check if wearing hearing aid

Comments:

military selective service wition to the military selective	ithin 30 days of their eighteentl	h birthday. State law requ out at least 15 years old i	iens living in the U.S. to register for the uires MVD to transmit registration informa- ndicates on their driver license application				
If you are at least 15, do you v	want to be registered with Selectiv	e Service when you turn ag	e 18. Yes No Not Applicable				
If you are 15 or older, do you v	lonor? Yes Not Now						
information, and belief. I undetion, cancellation of any lice may be verified against nat	erstand that any false or mislea ense or card issued and/or my ionwide systems. I understand e canceled. I understand that if I	ading statement on my ap disqualification for a per I that if Montana issues m	rue and correct to the best of my knowledge, oplication may result in criminal prosecuted of 60 days. I understand information e a driver license or ID, any other card license or ID by any other state Montana will				
Signature:		Date:					
I do not want to	er to vote or update my voor register to vote (end of ap	oplication if selected)	inue on with application if selected) ormation (end of application if selected)				
Will you be at least 1 Will you be a Montar If you checked "No Previous Registration In	the United States? >>>>> 18 years of age on or before na resident for at least 30 day o" in response to any of the	the next election? >>: ys before the next elect nese questions, this is rovide cancellation infor	>>>>>>>				
Previous Registration Nam		Residence Address of Previous Registration					
Previous City	Previous County	Previous State	Previous Zip Code				
reside at the address list Service, I must complete Voter Application Affirm I affirm under penalty of States, that I will be at lefor at least 30 days prior have been found to be of application, I may be sulfilled.	sentee ballot to be mailed to ted on this application. I under a sign, and return a confirmal mation f perjury that the information east 18 years old on or beformation to the next election, and the f unsound mind by a court. I	erstand that if I file a chation notice mailed to me on this application is tree the next election, that I am not serving a fewer at I am not serving a fewer that if I have nt, or both, under feder	which I am eligible to vote as long as I lange of address with the U.S. Postal e by the county election office. The property of the United to I will have been a resident of Montana lony conviction in a penal institution nor by e given false information on this all and/or state law. By signing your registration purposes.				
Signature			Date				
The affirmation on this ap		n must be signed by the	e applicant. Failure to do so will prevent				
Where you submit this for voter registration purpose		ote is confidential, and	this information can only be used for				
			are registered to vote, check your voter				

11-1402 (4/21) MCA 61-5-107 and USC 666(a)(13)