Last Name First Name Middle Name Suffix

State of Montana



APPLICATION FOR COMMERCIAL DRIVER LICENSE (CDL)

PF	RINT IN BLA	CK or BLUEINK	ONLY	Custor	MER CARE CENTE	R: (406) 444-3933	mvd@mt.gd	ov	
Legal Last Name			Legal Fi r	r st Name		Legal Middle Nam		Suffix (Jr., Sr., 1 st , etc.)	
Date of Birth (mm/dd/yyyy)		Eye Color	Weight	Hei	ght	Hair Color	Are you a	Montana Resident?	
	☐ Female ☐ Male						☐ Yes	□ No	
Residential Address				City		ı	State	Zip Code	
Mailing Address				City	City State Zip Code		Zip Code		
Choose which address will be printed on your driver license. For REAL ID, you must use a residential address:					Residential Address OR Mailing Address				
Are you a United States 0 ☐ Yes ☐ No	Citizen? P	Place of Birth: Cit	y / State /	Province /	Country				
Driver License/ID Card N	umber			State	Social Securi	ity Number			
Daytime Phone Number Email									
()									
Are you applying for REAL ID or do you want to keep your REAL ID designation?									
Add a veteran designa	ation to you	r license							
☐I choose not to have N	∬ontana sca	an any non-Real	ID docum	ents that I	have provided.				
CHECK THE CDL TYPE YOU ARE APPLYING FOR: Check one of the following three CDL types:									
 Interstate Non-Excepted: Must meet the qualification requirements of 49 CFR part 391 of the Federal Motor Carrier Safety Regulations, and submit a valid Medical Examiner's Certificate. Montana-Only (Intrastate) Non-Excepted: Must meet the qualification requirements of 49 CFR part 391 of the Federal Motor Carrier Safety Regulations or state qualifications requirements. Must submit a valid Medical Examiner's Certificate or qualify for a Montana Medical Certificate. Interstate Excepted: Operating exclusively in transportation or operations excepted under 49 CFR 390.3(f), 391.2, 391.68, or 398.3. Medical Examiner's Certificate is not required. MUST COMPLETE AND SIGN FORM 21-1201. 									
CHECK THE CDL CLA	SS AND E	NDORSEMEN	TS YOU	ARE APP	YING FOR:				
Class:	ation Vehic	le) 🗆 B (Heavy St	raight Veh	icle)	C (Other/Endors. F	Required)	☐ Replacement	
Endorsements: Haz	:ardous Ma	aterials 🔲 T	Γanker	☐ Pass	senger 🗌 S	School Bus	Double/Trip	le Motorcycle	
LICENSING QUESTION	 NS:							,	
Do you have any phy reasonable control in	sical or me							>> ☐ Yes ☐ No	
Do you rely on any acreasonable control in								>> ☐ Yes ☐ No	
3. Do you suffer from ar	-	•			•				
1. 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: Yes No									
5. Do you have a current or pending suspension, revocation, cancellation, disqualification, or withdrawal of your driver license or privilege to drive by the State of Montana or by another state or jurisdiction? >>>>>>>									
Are you subject to any disqualification required under section 383.51 of the Federal Motor Carrier Safety Regulations? >>>>>>>>>									
7. Is the vehicle that yo			-						
and intend to operate	? >>>>>	·>>>>>>>	>>>>>	>>>>>	>>>>>>	>>>>>>>>	>>>>>>		
8. Will you be operating									
9. Do you wear bioptic t	telescopic	lenses (special	enhance	d lenses)?	' >>>>>>	>>>>>>>>	>>>>>>	> ☐ Yes ☐ No	

Completed

OTHER SERVICES OFFERED:									
If you are 15 or older, do you want your driver license or ID to show that you are an organ donor? >>>>>> ☐ Yes ☐ Not Now									
If you are 18 or older, do you want your driver license or ID to show that you have a living will?									
If you are under age 26 but at least age 15, do you consent to registration with the Selective Service System, if									
required by federal law? (If under age 18, you will be registered upon attaining age 18.) >>>>>>									
I certify under penalty of law that the information I provided is true and correct, except for my answer about sex, to the best of my knowledge, information, and belief. I understand that any false or misleading statement on my application may result in criminal prosecution, cancellation of any license or card issued and/or my disqualification for a period of 60 days. I understand information may be verified against nationwide systems. I understand that if Montana issues me a driver license or ID, any other card held in another state will be canceled. I understand that if I am issued any other driver license or ID by any other state Montana will cancel all driver licenses or IDs issued by Montana.									
Signature:		Date:							
VOTER REGISTRATION:									
☐ I want to register to	vote or update my voter regist	t ration (continue on with applica	tion if selected)						
_									
☐ I'm already registere									
County you are residing in:			<u>_</u>						
Are you a citizen of th	e United States?		Yes 🗆 No						
•	B years of age on or before the ne		Yes D No						
•	resident for at least 30 days befor	_	Yes D No						
· ·	in response to any of these qu								
-									
	ation – will be used to provide car stered to vote in another MT coun		irisdiction. Required if name						
Previous Registration Name		Residence Address of Previous Registration							
Previous City	Previous County	Previous State	Previous Zip						
Receive Your Ballot in the									
☐ Yes, I request an absentee ballot to be mailed to me for ALL elections in which I am eligible to vote as long as I reside at the address listed on this application. I understand that if I file a change of address with the U.S. Postal Service, I must complete, sign, and return a confirmation notice mailed to me by the county election office.									
Voter Applicant Affirmation									
I affirm under penalty of perjury that the information on this application is true, that I am a citizen of the United States, that I will be at least 18 years old on or before the next election, that I will have been a resident of Montana for at least 30 days prior to the next election, and that I am not serving a felony conviction in a penal institution nor have been found to be of unsound mind by a court. I understand that if I have given false information on this application, I may be subject to a fine or imprisonment, or both, under federal and/or state law. By signing you authorize the Motor Vehicle Division to use your electronic signature for voter registration purposes.									
Signature	Signature Date								
The affirmation on this application for voter registration must be signed by the applicant. Failure to do so will prevent application from being processed.									
Where you submit this form and your decision to not vote is confidential, and this information can only be used for voter registration purposes.									
You can visit the Montana Secretary of State "My Voter Page" to check if you are registered to vote, check your voter registration address, and find the location and directions to your polling place at: https://app.mt.gov/voterinfo/ .									