

## Online Renewal Commercial Driver License

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#### Please complete both pages

Primary ID	)			_		
Secondary ID				_		
C – K – M # Amount \$						
Initials #1	_Initials	#2	Date			

P.O. Box 201430, Helena, MT 59620-1430 ● Phone (406) 444-3933 ● Fax (406) 444-1631 ● www.dojmt.gov ● DriverLicense@mt.gov Please PRINT

							Suffix (Jr., Sr., 1st, etc.)	
Legal Last Name Legal First N		Legal <b>First</b> Nar	ime		Legal <b>Middle</b> Nam	Legal <b>Middle</b> Name		
Date of Birth (mm/dd/yyyy)	Sex	Eye Color	Weight	Height	Hair Color	-	a Montana Resident?	
	☐ Female ☐ Ma	ale				☐ Yes		
Residential Address			City			State	Zip Code	
		•				MT		
Mailing Address			City	City			Zip Code	
		•			MT			
Choose which address will be	e printed on your driv	ver license?	☐ MT Residential Address OR ☐ MT Mailing Address					
Other US address to mail lice	•		City					
	-	•	,					
Are you a United ☐ Yes If	"CTOD Voun	· · · · · · · · · · · · · · · · · · ·	Place of	Birth: City/ State/Prov	ince/Country			
0 0 0 - 11	f "No" STOP.   You m person or by mail.	nust renew in		-· ,				
Montana Driver License Num	<u> </u>	Social Security Numbe	er	Email Address		Daytime Ph	one Number	
		,	<i>^</i>		1	,	<b>51.5</b> ( 12.1	
CHECK THE CDL TYPE	VOLL ARE APPLY	VING FOR:						
Check one of the followin								
☐ Interstate Non-Exc	cepted: Must med	et the qualification	ı requirer	ments of 49 CFR pa	art 391 of the Feder	ral Motor Ca	arrier Safety	
Regulations, and su	ubmita valid Medic	cal Examiner's Cer	rtificate.					
Montana-Only (Intrastructions of Safety Regulations of							ral Motor Carrier	
CHECK THE CDL CLASS					dilliner a Corumania	<i>;</i> .		
					" /Fadaraamont/	:rad)		
Class: A (Combina	,	☐ B (Heavy Strai	-	,	ther/Endorsement F	≺equireuj		
Endorsements:  Tanl		.ger ∐ Schooibi	 ∩ ⊓ sr	)ouble/Triple ⊔ ivi	lotorcycle			
LICENSING QUESTIONS		" I I disease lineance of		- I de la company		/-+-+n\	_	
1. In the past 10 years, had other than Montana? If			COMITIE	fcial driver licerise i	rom any jurisaiciioi	n (state)	- · ·	
			antio	allation die	···-!:fination or wit	t- drawal	☐ Yes ☐ No	
<ol> <li>Do you have a current, of your driver license or</li> </ol>							☐ Yes ☐ No	
3. Do you suffer from any	•			-	-		☐ Yes ☐ No	
· · · · · · · · · · · · · · · · · · ·	•			•			□ 163 □ INO	
<ol> <li>Do you have any physic reasonable control in the</li> </ol>							☐ Yes ☐ No	
5. Do you rely on any ada reasonable control in the							☐ Yes ☐ No	
6. Since your last driver li	•		•	• •			□ 169 □ 160	
impair your ability to sa	icense was issued afely onerate a mc	J, nave you expend stor vehicle? > >	> > > ;	y change in your > > > > >	• ealcar contamon and	āt піау >>>	☐ Yes ☐ No	
7. Since your last driver li							□ 169 □ 160	
ability to safely operat	te a motor vehicle	1, 11ave you expense	आ <del>उ</del> च्या बार् > > >	y change in your v	SIOII ((1)a (1)11a y (1)11pc,	11 your > > >	☐ Yes ☐ No	
8. If you require vision co							☐ Yes ☐ No	
OTHER SERVICES OFFER				· -	• •		_	
							☐ 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? >>>>>>>					☐ Yes ☐ No			
If you are under age 26 but at least age 15, do you consent to registration with the Selective Service System, if							□ . oc □ . c	
required by federal law?	(If unde <u>r 18, you</u>	will be registered ι	upon <u>att</u> a	aining age 18).	>>>>>>>	> > >	☐ Yes ☐ No	
I affirm under penalty					oplication is true	and corre	ect. except for my	
answer about sex, to								
my application may result in criminal prosecution, cancellation of any license or card issued and/or my disqualification for a								
period of 60 days.				-				
Signature or type name	e if signing ele	ectronically:				Date:	<u> </u>	



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I want to register to vote or update my voter registration (continue on with application if selected)  I do not want to register to vote (end of application if selected)  I'm already registered to vote and do not want to update my information (end of application if selected)							
	vote in:						
Are you a citizen of the l		Yes					
•	ears of age on or before the next e						
•	sident for at least 30 days before t						
Previous Registration Infor	n response to any of these question mation — will be used to provide car or if previously registered to vote in	ncellation information to former juris	diction.				
Previous Registration Name		Residence Address of Previous Registration					
Previous City	Previous County	Previous State	Previous Zip				
Receive Your Ballot in the Mail  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 or type if signing electronically: 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/.							



# Change of Address for Driver License or ID Card (Electronic Record)

C - K - M #	
Amount \$	
Initials	

P.O. Box 201430, Helena, MT 59620-1430 ◆ Phone (406) 444-3933 ◆ Fax (406) 444-3816 ◆ www.dojmt.gov ● MTDriverHistory@mt.gov Please **PRINT**.

Montana law mandates that the Motor Vehicle Division be notified within 10 days of any address change.

Legal Last Name Legal Fi		Legal First Na	egal <b>First</b> Name		Legal <b>Middle</b> Name		Suffix (Jr., Sr., 1 <sup>st</sup> , etc.)		
Date of Birth	Montana Driver Li	r License Number Current D		Current Daytim	ime Phone Number Em		mail Address		
Montana Residential Address			City				State	Zip Code	
							MT		
Montana Mailing Address		City				State	Zip Code		
							MT		
I affirm under penalty of law (MCA 61-5-303) that the information on this application is true and correct, except for my answer about sex, to the best of my knowledge, information, and belief.									
Signature						Date			