



Online Renewal Standard Driver License

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Please complete both pages

FOR OFFICIAL USE ONLY

Primary ID _____
Secondary ID _____
C - K - M # _____
Amount \$ _____
Date _____ Initials _____

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

Legal Last Name		Legal First Name			Legal Middle Name		Suffix (Jr., Sr., 1 st , etc.)	
Date of Birth (mm/dd/yyyy)	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Eye Color	Weight	Height	Hair Color	Are you a Montana Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Montana Residential Address				City		State MT	Zip Code	
Montana Mailing Address				City		State MT	Zip Code	
Which address would you like printed on your driver license? <input type="checkbox"/> MT Residential Address <input type="checkbox"/> MT Mailing Address								
US address to mail license if away (cannot mail out of country)				City		State	Zip Code	
Are you a United States Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "No" STOP. You must renew in person or by mail.		Place of Birth: City/ State/Province/Country				
Driver License Number			Social Security Number		Email Address		Daytime Phone Number	

CHECK THE TYPE OF LICENSE YOU ARE APPLYING FOR:

Driver License (Class D) Motorcycle Endorsement

- 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
- Do you have a current, pending, or previous 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? Yes No
- Do you suffer from any chronic or potentially chronic condition that may cause a loss of consciousness or control? Yes No
- Do you have any physical or mental condition that impairs or may impair your ability to exercise ordinary and reasonable control in the safe operation of a motor vehicle on the highway? > > > > > > > > > > > Yes No
- Do you rely on any adaptive equipment or operational restrictions to attain the ability to exercise ordinary and reasonable control in the safe operation of a motor vehicle on the highway? > > > > > > > > > > > Yes No
- Since your last driver license was issued, have you experienced any change in your medical condition that may impair your ability to safely operate a motor vehicle? > > > > > > > > > > > > > > > > > > Yes No
- Since your last driver license was issued, have you experienced any change in your vision that may impair your ability to safely operate a motor vehicle > > > > > > > > > > > > > > > > > > Yes No
- If you require vision correction or if there has been a change in your vision, is your vision prescription correct? Yes No

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? > > > Yes No
- 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 18, you will be registered upon attaining age 18). > > > > > > Yes No

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. 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.

Signature or type name if signing electronically:

Date:



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VOTER REGISTRATION: Please complete this section even if you are a registered voter.

- 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)

County you are registering to vote in: _____

Are you a citizen of the United States? Yes No

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

Will you be a Montana resident for at least 30 days before the next election? Yes No

If you checked "No" in response to any of these questions, this is the end of the application.

Previous Registration Information – will be used to provide cancellation information to former jurisdiction.

Required if name changed or if previously registered to vote in another MT county or in another state.

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 name 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 _____

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

Legal Last Name		Legal First Name		Legal Middle Name		Suffix (<i>Jr., Sr., 1st, etc.</i>)	
Date of Birth	Montana Driver License Number		Current Daytime Phone Number		Email Address		
Montana Residential Address			City			State	Zip Code
Montana Mailing Address			City			MT	Zip Code
						State	Zip Code
						MT	Zip Code
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	