



Massachusetts Registry of Motor Vehicles License/ID Update Application

Check appropriate box:

Change of Information

Duplicate: (Check one) License Permit Mass ID Liquor ID

License Issue

Reinstatement Renewal: (Check one) License Mass ID

License Class Applying For:	CDL Endorsements Applying For: (For Class A, B, OR C)
<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> M	<input type="checkbox"/> AIR BRAKES <input type="checkbox"/> COMBO <input type="checkbox"/> HAZMAT <input type="checkbox"/> PASSENGER <input type="checkbox"/> TANK <input type="checkbox"/> DOUBLES/TRIPLES <input type="checkbox"/> SCHOOL BUS

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 certain transactions, applicants over the age of 18 must present three forms of ID which include:

- Proof of date of birth
- Proof of signature
- Proof of Massachusetts residency

Applicants under 18 years of age must only provide proof of date of birth. The parent/guardian must sign the certification at bottom.

You must also produce your social security number (SSN) that the RMV can verify with the U.S. Social Security Administration (SSA) as having been issued to you.

If you do not have an 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, an I-94, and a current non-U.S. Passport.

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.

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

Social Security Number (SSN): _____

MA assigned License/Permit/ID Number: _____

If you currently use your SSN as your license/permit/ID number, the RMV will automatically issue you a state assigned number. Federal Law prohibits use of your SSN on a License/Permit/ID.

Name: Last	First	Middle	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth (month/day/year)
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Residential Address: (Where you actually reside)	Apt/Unit#	City	State	Zip Code
Street#				

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.	Apt/Unit#	City	State	Zip Code
Street#				

Change of Information (Leave this section blank if no changes)

Check here if your name has changed. Please print your new name in the General Information section and your previous name below.

Previous Name: (Last, First, Middle) _____

Check here if the address in the General Information section reflects a change of **Mailing Address**.

Check here if the address in the General Information section reflects a change of **Residential Address**.

Check here if height has changed. Current height is ft. ___ in. ___

Check here if *gender designation* has changed. **Note: additional documentation will be required.**

Change Gender Designation to: Male Female

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, or continue to be, an organ or tissue donor? Yes

If yes, the RMV will print the designation on your driver's license/ID.

Applicants under age 18 need consent from a parent/guardian.

Parent/Guardian Certification: I hereby certify that I give permission for the applicant named above to register as an organ or tissue donor.

Parent/Guardian Signature

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 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.

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

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

