



Commercial Learner's Permit or Driver's License Application

Save time, go to mass.gov/RMV to apply online!

A. Service Type

1. Type: <input type="checkbox"/> REAL ID <input type="checkbox"/> Standard ID	
2. Document to Issue: <input type="checkbox"/> Learner's Permit <input type="checkbox"/> Driver's License	
3. License Class: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> M	CDL Endorsements Applying For (for Class A, B, or C): <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
4. Service Type: <input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Replacement <input type="checkbox"/> Out-of-State Conversion <input type="checkbox"/> Reinstatement <input type="checkbox"/> Change of Information (Enter new information in applicable fields): <input type="checkbox"/> Name <input type="checkbox"/> Address <input type="checkbox"/> DOB <input type="checkbox"/> Gender <input type="checkbox"/> Height <input type="checkbox"/> Eye Color	

B. Applicant Information (The Registry of Motor Vehicles will not provide email or phone number information to the public.)

Last Name (If you're getting a REAL ID, provide your full legal name)	First Name	Middle Name	Suffix
Date of Birth (MM/DD/YYYY)	Current Massachusetts Learner's Permit or Driver's License # (if applicable)	What is your Social Security Number?	
<input type="checkbox"/> Have you ever had a Massachusetts permit, license, ID, or vehicle registration? If yes, provide the name it was under and the # (if known).			

Residential Address (Where you actually reside)

Street	Apt. #	City	State	Zip Code
Mailing Address <input type="checkbox"/> (same as above)				
Street	Apt. #	City	State	Zip Code
Email	Phone Type <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	Phone #		

Emergency Contact Information: (optional)

Email	Name	Phone Type <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	Phone #
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C. Out of State Conversion (Skip if not converting from out of state)

Driver's License #	State	License Class	Issue Date (MM/DD/YYYY)
CDL Endorsements <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	Restriction(s) (if applicable)		Expiration Date (MM/DD/YYYY)

D. Required Demographic Information

Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X	Eye Color <input type="checkbox"/> Black <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Hazel <input type="checkbox"/> Pink <input type="checkbox"/> Blue <input type="checkbox"/> Dichromatic <input type="checkbox"/> Green <input type="checkbox"/> Maroon <input type="checkbox"/> Unknown	Hair Color
Height (feet, inches)	Weight	Register me (or keep me registered) as an Organ and Tissue Donor: <input type="checkbox"/> Yes <input type="checkbox"/> No For more information on organ and tissue donation, visit: NEDS.org .
Would you like to donate \$2 to the Organ and Tissue Donor Registration Fund? (to be answered for renewal and replacement transactions only) <input type="checkbox"/> Yes <input type="checkbox"/> No		

Military Status (documentation is required if checked - visit mass.gov/rmv for acceptable documents)

<input type="checkbox"/> Are you an active duty member? <input type="checkbox"/> Are you a veteran?	<input type="checkbox"/> If you are a veteran of the U.S. Armed Forces, do you want the word "VETERAN" printed on your ID?	What military branch?
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E. Mandatory Questions (Use additional paper if needed for these questions)

<p>1. <input type="checkbox"/> Yes In the past 10 years, have you held any class of driver's license in another state, country, or jurisdiction? List any current license/permit also. <input type="checkbox"/> No</p> <p>If yes, where? _____ Class of License _____ License # _____</p> <p>_____</p> <p>_____</p> <p>You may use additional paper if necessary <i>An out of state driver's license is subject to cancellation upon issuance of a Massachusetts driver's license.</i></p> <p>2. <input type="checkbox"/> Yes Do you have a cognitive, neurologic, physical, or any other impairment that may affect your functional ability to operate a motor vehicle safely? (for information on medical standards related to driver's licenses, visit mass.gov/rmv) <input type="checkbox"/> No</p> <p>3. <input type="checkbox"/> Yes Are you currently taking any medication that may affect your ability to safely operate a motor vehicle? (for information on medical standards related to driver's licenses, visit mass.gov/rmv) <input type="checkbox"/> No</p>	<p>4. <input type="checkbox"/> Yes Are you subject to any driver disqualification under 49 CFR Section 383.51 of the Federal Motor Carrier Safety Regulations and MGL Chapter 90F Section 9? <input type="checkbox"/> No</p> <p>5. <input type="checkbox"/> Yes Is your license or RIGHT to operate suspended, revoked, canceled, withdrawn, or disqualified here or in another state, country, or jurisdiction? <input type="checkbox"/> No</p> <p>If yes, where? _____</p> <p>Why? _____ Exp.Date: _____</p> <p>(Note: If you answered yes, additional documentation may be required)</p> <p>6. <input type="checkbox"/> Yes Do you meet all the driver qualification requirements of the Federal Motor Carrier Safety Regulations, 49 CFR Part 391? <input type="checkbox"/> No</p>
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7. Please select only one of the following self-certification categories as required by 49 CFR 383.71.

- ☐ Non-Excepted Interstate (NI) - I engage in Interstate commerce and must meet the federal DOT medical certificate requirements
- ☐ Excepted Interstate (EI) - I engage in Interstate commerce and do not have to meet the DOT medical certificate requirements
- ☐ Non-Excepted Intrastate (NA) - I engage in Intrastate commerce and must meet state driver qualification requirements
- ☐ Excepted Intrastate (EA) - I engage in Intrastate commerce and do not have to meet the DOT medical certificate requirements

F. Voter Registration

If your citizenship is confirmed, the information you provided will be transmitted to the appropriate election official in the municipality where you reside and will be used to update your voter registration or register you to vote.

1. Are you a citizen of the United States?..... ☐ Yes ☐ No

To be eligible for voter registration, you must be:

- A U.S. citizen, and
- A Massachusetts resident, and
- At least 16 years old, and
- Not under guardianship that prohibits registering to vote, and
- Not temporarily or permanently disqualified by law from voting, and
- Not currently incarcerated for a felony conviction.

If you do not meet all of the above conditions, you will not be registered to vote.

If you are at least age 16 at the time of application, you will be pre-registered to vote. You will become registered and eligible to vote when you turn 18. If you are under age 16, you will not be pre-registered.

The office at which you submit your registration is confidential and will only be used for voter registration purposes.

AFFIRMATION FOR APPLICANTS REGISTERING TO VOTE (signed under the penalty of perjury)

I hereby swear (affirm) that I am the person named above, the above information is true, and that I consider the residential address provided to be my home. I understand that if I do not meet one or more of the above conditions, I must opt out of registering to vote when I receive the automatic voter registration mailin

Penalty for illegal voter registration: Fine of not more than \$10,000 or imprisonment for not more than five years or both (M.G.L., Chap. 56, Section 8).

G. Certification and Signature of Applicant (application not complete without signature)

I have reviewed this completed **Application Form**, including the **Voter Registration Section**, and hereby apply for a Commercial Driver's License (CDL) or Commercial Learner's Permit (CLP) and swear (affirm), under the penalties of perjury, that the information I have provided is true and correct. I understand that Federal law requires the Registrar to check my driving records in all jurisdictions where I have been licensed in the past 10 years and to respond to similar requests from other states and Canadian territories and provinces, from employers or prospective employers, and from insurers, as applicable and that other requests may be governed by the federal Driver Privacy Protection Act. I consent to the release of these records. I certify that I am a U.S citizen or have lawful permanent residency within the United States.

I am aware that false statements are punishable by fine, imprisonment, or both under M.G.L. Chapter 90, Section 24B.

Signature: _____ Date: _____

The Registrar reserves the right to cancel, revoke, or recall, any permit, license, or ID card if it is determined that the applicant was not qualified for such permit, license, or ID card.

Important Note: CDL drivers and applicants must self-certify and provide a copy of their U.S. DOT Medical Certificate if required.

Official Notice:

Massachusetts law requires persons convicted as a sex offender to register with their local police departments. For information, call 1-800-93MEGAN or visit <https://www.mass.gov/orgs/sex-offender-registry-board>



9011-WALK-IN