



# Commercial Learner's Permit or Driver's License Application

Save time, go to [mass.gov/RMV](http://mass.gov/RMV) to apply online!

## A. Service Type

1. Type:  REAL ID  Standard ID

2. Document to Issue:  Learner's Permit  Driver's License

3. License Class:  A  B  C  M

CDL Endorsements Applying For (for Class A, B, or C):  
 Air Brakes  Combo  Hazmat  Passenger  Tank  Doubles/Triples  School Bus

4. Service Type:  New  Renewal  Replacement  Out-of-State Conversion  Reinstatement

Change of Information (Enter new information in applicable fields):  Name  Address  DOB  Gender  Height  Eye Color

## B. Applicant Information

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?	
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	Phone #	
		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		
<b>Emergency Contact Information: (optional)</b>				
Email		Name	Phone Type	Phone #
			<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	

## 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		Restriction(s) (if applicable)	Expiration Date (MM/DD/YYYY)
<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			

## D. Required Demographic Information

Gender	Eye Color		Hair Color
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X	<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		
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: <a href="http://NEDS.org">NEDS.org</a> .
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](http://mass.gov/rmv) for acceptable documents)

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

1.  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.**

No  
If yes, where? \_\_\_\_\_ Class of License \_\_\_\_\_ License # \_\_\_\_\_  
\_\_\_\_\_

You may use additional paper if necessary

2.  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](http://mass.gov/rmv))

No  
3.  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](http://mass.gov/rmv))

4.  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?**

No  
5.  Yes **Is your license or RIGHT to operate suspended, revoked, canceled, withdrawn, or disqualified here or in another state, country, or jurisdiction?**

No  
If yes, where? \_\_\_\_\_  
Why? \_\_\_\_\_ Exp.Date: \_\_\_\_\_  
(Note: If you answered yes, additional documentation may be required)

6.  Yes **Do you meet all the driver qualification requirements of the Federal Motor Carrier Safety Regulations, 49 CFR Part 391?**

No

**F. Voter Registration**

We will use your information to update your voter registration or register you to vote.

1. Are you a citizen of the United States? .....  Yes  No  
2. Are you a resident of Massachusetts?.....  Yes  No

To register to vote, 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 cannot answer "Yes" to all the items above, or do not want us to share your information for voter registration, check the box below.

Do not use my information for voter registration.

Your decision not to register to vote is confidential. If you register to vote, the office at which you submit your registration is confidential and will only be used for voter registration purposes.

If you are under age 16, you will not be registered to vote. If you are at least age 16, you will be pre-registered to vote. You must be at least 18 to vote.

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

I hereby swear (affirm) that I meet the qualifications listed above and that I consider the residential address on this form to be my home.

**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>

