



# 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		

## 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	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) Ft. In.	Weight Lbs.	Register me (or keep me registered) as an Organ and Tissue Donor: <input type="checkbox"/> Yes <input type="checkbox"/> No
Would you like to donate \$2 to the Organ and Tissue Donor Registration Fund? (to be answered for renewal and replacement transactions only)		For more information on organ and tissue donation, visit: <a href="http://NEDS.org">NEDS.org</a> . <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))  
 No

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**

To vote in Massachusetts you must be: A U.S. CITIZEN, a resident of Massachusetts and at least 18 years old on or before the next election in your city or town, which could be a town meeting, city or town preliminary, city or town election, state primary, state election, special state primary, special state election, or special city or town election.

1. Do you want to register to vote? .....  Yes  No

- Check "Yes" if you want to register to vote, or you are changing your name or address and want to be registered to vote with this new information.
- If you answered "yes," complete question #2 and read the Affirmation Section below.
- Check "No" if you are currently registered to vote and do not want to change your voter registration.

2. Are you a citizen of the United States of America? .....  Yes  No

NOTE: If you answered "no" to this question, do not complete question #3. You are not eligible to register to vote at this time.

3. Please indicate party enrollment or political designation (check one).  Democratic  Republican  Libertarian  No Party (unenrolled)

Political Designation (not a political party) (Print desired designation): \_\_\_\_\_

PLEASE ASK THE LICENSE CLERK FOR YOUR VOTER REGISTRATION RECEIPT

**AFFIRMATION TO BE READ BY APPLICANTS REGISTERING TO VOTE**

I hereby swear (affirm) that I am the person named above, that the above information is true, that I AM A CITIZEN OF THE UNITED STATES, that I am at least 16 years old and I understand that I must be 18 years old to be eligible to vote, that I am not a person under a guardianship which prohibits my registering to vote, that I am not temporarily or permanently disqualified by law from voting because of corrupt practices in respect to elections, that I am not currently incarcerated for a felony conviction, and that I consider this residence to be my home. Signed under the penalty of perjury.

**Confidentiality of voter registration information:** If you register to vote, the office at which you submit your application will remain confidential and will be used only for voter registration purposes. If you decline to register to vote, the fact that you declined to register will remain confidential and will be used only for voter registration purposes.

**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.**

<b>RMV Use Only</b>
Date: _____ Clerk Initials: _____

