



# Mail-in Renewal Standard Driver License Instructions

P.O. Box 201430, Helena, MT 59620-1430 • Phone (406) 444-3933 • Fax (406) 444-1631 • [www.dojmt.gov](http://www.dojmt.gov) • [DriverLicense@mt.gov](mailto:DriverLicense@mt.gov)  
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## Instructions for Montana residents that request to renew their standard driver license (Noncommercial) by mail.

- Renewals completed by mail are valid for eight years.
- Your next renewal must be completed in person at a driver license exam station within the state of Montana.

### Requirements:

- You are a U.S. citizen
- Eligible for renewal (6 months prior or within 3 months after expiration)
- A valid Montana driver license
- License has not been suspended or revoked in any state
- Prior renewal was not online or by mail

**Note:** Mail-in renewals are not allowed for foreign nationals per MCA 61-5-111.

### To renew your standard driver license by mail, you must do the following:

Your application cannot be processed unless **ALL** instructions are followed completely.

- Complete and **sign**:
  - ☐ Mail-in Renewal (Standard Driver License), Eye Examination, and Medical Examination forms
- Also enclose:
  - ☐ Proof of US Citizenship or Permanent Legal Residency. Photocopy of one of the following acceptable documents:
    - Certified birth certificate from a US jurisdiction
    - Valid US Passport
    - Permanent Resident Card – I551
  - ☐ Photocopy of your Montana driver license.
  - ☐ Check or money order made out to MVD. Mail form and payment to: MVD

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Helena, MT 59620-1430

### Fees for standard driver license.

AGE	FEE	With Motorcycle	Years valid
21-67	\$41.72	\$45.84	8
68	\$36.57	\$40.17	7
69	\$31.42	\$34.51	6
70	\$26.27	\$28.84	5
71	\$21.12	\$23.18	4
72	\$15.97	\$17.51	3
73	\$10.82	\$11.85	2
74	\$5.67	\$6.18	1
75 or older	\$21.12	\$23.18	4

- **If you are a veteran** and would like that designation on your standard driver license, Form 21-3000 must be submitted with this application. The \$10.30 processing fee will be waived.



# Mail-in Renewal Standard Driver License

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FOR OFFICIAL USE ONLY

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

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Legal Last Name		Legal First Name			Legal Middle Name		Suffix (Jr., Sr., 1 <sup>st</sup> , 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	Zip Code	
						MT		
Montana Mailing Address				City		State	Zip Code	
						MT		
Which address would you like printed on your driver license? <input type="checkbox"/> MT Residential Address <input type="checkbox"/> MT Mailing Address								
<input type="checkbox"/> Add a veteran designation to your license (verification of eligibility required, more info at <a href="http://montanadma.org/montana-veterans-affairs">http://montanadma.org/montana-veterans-affairs</a> )								
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.		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

## LICENSING QUESTIONS:

1. 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

2. 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

3. Do you suffer from any chronic or potentially chronic condition that may cause a loss of consciousness or control? ☐ Yes ☐ No

4. 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

5. 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

## 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: \_\_\_\_\_

Date: \_\_\_\_\_



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## VOTER REGISTRATION:

- ☐ 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 \_\_\_\_\_ 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/>.