



# Mail-in Replacement License (All Driver Licenses) Instructions

OFFICIAL USE ONLY

Primary ID \_\_\_\_\_

Secondary ID \_\_\_\_\_

C - K - M # \_\_\_\_\_ Amount \$ \_\_\_\_\_

Date \_\_\_\_\_ Initials \_\_\_\_\_

ATTN: Mail-In DL 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)  
Please PRINT.

You must MAIL all of the following items to the PO Box listed below:

- ☐ This completed form with your signature at the bottom.
- ☐ Photocopy of Primary ID: A valid Montana driver license or ID card, certified birth certificate (<http://www.cdc.gov/nchs/w2w.htm>), Montana federally recognized Indian Tribal ID card, valid military ID, valid US passport or passport card.
- ☐ Photocopy of Secondary ID: US Social Security card, certified marriage certificate/license, valid government employee ID, Medicare/Medicaid or health insurance card with full name and ID number.
- ☐ **Check or Money Order** made out to MVD in the amount of \$10.30 (US funds only).

Please visit <https://dojmt.gov/driving> for a complete list of acceptable documentation. You can send one primary document and one secondary document, or two primary documents.

If you are **TEMPORARILY** out of the state of Montana and your driver license has been lost, stolen or mutilated, Montana law (MCA 61-5-114) authorizes that a replacement license may be issued. **The permanent (plastic) license may take 2 to 4 weeks to receive.**



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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	County #
Montana Residential Address			City			State MT	Zip Code
Montana Mailing Address			City			State MT	Zip Code
Which address would you like printed on your driver license? MT Residential Address 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 (cannot mail out of country)			City			State	Zip Code
Are you a United States Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		Place of Birth: City		Place of Birth: State/Province/Country			
Montana Driver License Number		Social Security Number		Email Address		Current Daytime Phone Number	
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.							
Signature						Date	

## 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 and correct, 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/>.