



Mail-in Replacement All Driver License/ID Cards Instructions

PLEASE PRINT P.O. Box 201430 Helena, MT 59620-1430 • Phone (406) 444-3933 • Fax (406) 444-1631 • DriverLicense@mt.gov • mvdmt.gov

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

- This completed form with your signature at the bottom. Submitting a form without a signature will delay processing.

- If your address has changed from what is currently on your driver license or ID Card, please complete and enclose the Change of Address page included in this application.

- Check or Money Order** made out to MVD:
 - Replacement Driver License (not REAL ID compliant) = \$10.30
 - Replacement REAL ID Driver License (requires a previously issued current & valid Montana REAL ID) = \$36.05
 - Replacement ID Card with REAL ID (requires a previously issued current and valid Montana REAL ID) = \$36.05

ATTENTION: You may not replace a non-REAL ID Montana driver license with a Montana REAL ID driver license. You must apply for a REAL ID compliant credential in-person at a driver license station first.

The permanent (plastic) license may take 2 to 4 weeks to receive.



Mail-in Replacement All Driver Licenses/ID Cards Application

FOR OFFICIAL USE ONLY

Primary ID _____
 C—K—M# _____
 Amount \$ _____
 Date _____ Initials _____

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Legal First Name	Legal Middle Name	Legal Last Name	Suffix (Jr., Sr., 1 st , etc.)
Date of Birth (mm/dd/yyyy)	Height	Weight	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male
Montana Residential Address	City	State	Zip Code
Montana Mailing Address	City	State	Zip Code

Which address would you like printed on your driver license or ID Card? For REAL ID, you must choose residential.

MT Residential Address MT Mailing Address

U.S. address to mail license or ID Card if away (cannot mail out of country) City State Zip Code

Add a veteran designation to your license or ID Card? (verification of eligibility required, more info at <https://dma.mt.gov/MVAD/>)

Are you a United States Citizen? Yes No Place of Birth: City/State and Country/Province

Social Security Number Email Address Daytime Phone Number

MT Driver License or ID Number Date of Issue

Are you replacing a REAL ID? (only applicable if you have a valid REAL ID for the credential you are replacing) Yes No

Voter Registration: Please be sure to sign and date this section of the application.

I want to register to vote or update my voter application (continue with voter application if selected)

I do not want to register to vote (end of voter application if selected)

I am already registered to vote and do not want to update my information (end of voter application if selected)

County you reside 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. Please sign and date.

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 Code

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 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. The affirmation on this application for voter registration must be signed by the applicant. Failure to do so will prevent the 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/>

Applicant Affirmation – MUST be signed by Applicant

I affirm under penalty of law ([§ 61-5-303, MCA](#)) that the information I provided is true and correct 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. I understand information may be verified against nationwide systems. I understand that if Montana issues me a driver license or ID, any other card held in another state will be canceled. I understand that if I am issued any other driver license or ID by any other state Montana will cancel all driver licenses or IDs issued by Montana.

Signature: _____ Date: _____



Change of Address for Driver License or REAL ID Application

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Montana law mandates that the Motor Vehicle Division be notified within 10 days of any address change. If your address has changed from what is currently on your driver license, please fill out this form and include it with your application.

Legal First Name	Legal Middle Name	Legal Last Name	Suffix (Jr., Sr., 1 st , etc.)	
Date of Birth (mm/dd/yyyy)	MT Driver License or ID #	Current Daytime Phone #	Email Address	
Montana Residential Address		City	State	Zip Code
Montana Mailing Address		City	State	Zip Code
I affirm under penalty of law (§ 61-5-303, MCA) that the information on this application is true and correct to the best of my knowledge, information, and belief.				
Signature _____			Date _____	