



# Mail-in Renewal Standard Driver License or ID Card Instructions

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

**Please, read the instructions and complete all sections of the application. Incomplete applications will be returned for additional information.**

**\*If you need to change your name, date of birth, or gender, you will need to visit an exam station. Renewals completed by mail are valid for:**

- A maximum of 12 years for a standard driver license; or
- A maximum of 8 years when renewing a driver license with an existing REAL ID credential.
- A maximum of 8 years when renewing an ID Card with or without REAL ID.
- Your next renewal must be completed in person at a driver license exam station within the state of Montana.
- If you are a foreign national who is temporarily authorized to be in the United States, your license will expire in either a maximum of 12 years (depending on credential) or until the last date you are authorized to be in the United States – whichever comes first.

**Note:** REAL ID cannot be added when renewing by mail. REAL ID must be added in person at an exam station.

## Requirements:

- A valid Montana driver license or ID Card that will expire in the next 6 months or a Montana driver license that has been expired for less than one year.
- License has not been suspended or revoked in any state.
- Must be under the age of 75.

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

Complete and sign. Submitting a form without a signature will delay processing.

- ☐ Mail-in Renewal Standard Driver License or ID Card application. You must include BOTH pages.

## Also enclose:

- ☐ If you are a **temporary foreign national**, provide one proof of Authorized Presence. Photocopy of:
  - Temporary resident identification card — form I-688 or other document showing how long you are authorized to be in the United States. For a complete list, visit [mvdmt/required-documents/](http://mvdmt/required-documents/)
- ☐ If you are a veteran and would like to add a **Veteran** designation on your driver license:
  - Submit a completed [Application to Add Veteran Designation to Driver License or ID Card \(form 21-3000\)](#) with this application

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.

Mail application and payment to the address at the top of this form.

## License Fees are based on age at *expiration* date of license.

Fees for 12 Year Standard Driver License (No REAL ID)			
Customer Age (yrs)	Renewal Fee	With Motorcycle Endorsement	Years Valid
21-63	\$62.32	\$68.50	12
64	\$57.17	\$62.83	11
65	\$52.02	\$57.17	10
66	\$46.87	\$51.50	9
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 & Older	Must Renew in Person		

Fees for 8 Year Standard Driver Licenses with Existing REAL ID			
Customer Age (yrs)	With Existing Real ID	Existing REAL ID & Motorcycles	Years Valid
21-67	\$67.47	\$71.59	8
68	\$62.32	\$65.92	7
69	\$57.17	\$60.26	6
70	\$52.02	\$54.59	5
71	\$46.87	\$48.93	4
72	\$41.72	\$43.26	3
73	\$36.57	\$37.60	2
74	\$31.42	\$31.93	1
75 & older	Must Renew in Person		

Fees for ID Cards – Valid for 8 years		
Standard ID Card	\$17.00	8
ID Card with REAL ID	\$42.75	8



# Mail-in Renewal Standard Driver License or ID Card Application

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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., etc.)	
Date of Birth (mm/dd/yyyy)	Height	Weight	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Eye Color	Montana Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Montana Residential Address			City	State	Zip Code		
Montana Mailing Address			City	State	Zip Code		
<b>Which address would you like printed on your driver license or ID Card?</b> For REAL ID, you must choose residential. <input type="checkbox"/> MT Residential Address <input type="checkbox"/> MT Mailing Address							
US address to mail license or ID Card if away (can't mail out of country)			City	State	Zip Code		
<input type="checkbox"/> <b>Add a veteran designation to your license or ID Card?</b> (verification of eligibility required, more info at <a href="https://dma.mt.gov/MVAD/">https://dma.mt.gov/MVAD/</a> )							
Are you a United States Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Place of Birth: City/State and Country/Province					
Social Security Number		Email Address (if available)			Daytime Phone Number		
Montana Driver License or ID Number			Date of Issue				
<b>CHECK LICENSE TYPES YOU ARE APPLYING FOR:</b> <input type="checkbox"/> 12-Year Standard Driver License <input type="checkbox"/> 8-Year Standard Driver License with existing REAL ID <input type="checkbox"/> ID Card <input type="checkbox"/> ID Card with REAL ID <input type="checkbox"/> Motorcycle Endorsement							
<b>LICENSING QUESTIONS (all boxes must be complete):</b>							
1. 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? <input type="checkbox"/> Yes <input type="checkbox"/> No							
2. 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? (Excludes eyeglasses) <input type="checkbox"/> Yes <input type="checkbox"/> No							
3. Do you suffer from any chronic or potentially chronic condition that may cause a loss of consciousness or control? <input type="checkbox"/> Yes <input type="checkbox"/> No							
4. 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 _____ <input type="checkbox"/> Yes <input type="checkbox"/> No							
5. Do you have a current or pending 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? <input type="checkbox"/> Yes <input type="checkbox"/> No							
6. Since your last license was issued, have you experienced any change in your medical condition that may impair your ability to safely operate a motor vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No							
7. Since your last license was issued, has your vision changed in any way that may impair your ability to safely operate a vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No							
8. If you require glasses to drive, is your vision prescription current? <input type="checkbox"/> Not Applicable <input type="checkbox"/> Yes <input type="checkbox"/> No							
If you are 18 or older, do you want your driver license or ID to show that you have a living will? <input type="checkbox"/> Yes <input type="checkbox"/> No							
If you are 15 or older, do you want your driver license or ID to show that you are an organ donor? <input type="checkbox"/> Yes <input type="checkbox"/> No							
If you are under age 26 but at least age 15, do you consent to registration with the Selected Service System, if required by federal law? (If under 18, you will be registered upon reaching age 18). <input type="checkbox"/> Already Registered <input type="checkbox"/> Yes <input type="checkbox"/> Refuse <input type="checkbox"/> Exempt							



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## 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 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 voter 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 Standard Driver License or ID Card 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 or ID Card, please fill out this form and include it with your application. You must currently hold a REAL ID Credential to receive a REAL ID credential with the new address.

**New credentials with an updated addresses will be charged a replacement fee,**  
<https://mvdmt.gov/licensing-fees/>

Please follow link for list of acceptable proof of residency forms <https://mvdmt.gov/real-id/>

Legal First Name	Legal Middle Name	Legal Last Name	Suffix (Jr., Sr., 1 <sup>st</sup> , 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 _____				