



# Mail-in Renewal Commercial Driver License 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)

**Instructions for Montana residents that request to renew their commercial driver license (CDL) by mail.**

- Renewals completed by mail are valid for four years.
- Your next renewal must be completed in person at a driver license exam station within the state of Montana.
- REAL ID cannot be added to a non-REAL ID credential. REAL ID must be added in person at an exam station.

**Requirements:**

- You are a U.S. Citizen
- Eligible for renewal (6 months prior or within 1 year after expiration)
- A valid Montana commercial driver license.
- A valid Medical Examiner’s Certificate on file with Records & Driver Control
- License has not been suspended or revoked in any state
- Prior renewal was not online or by mail.
- CDL does not have a hazardous materials endorsement

**Note:** You must renew in person at a driver license exam station within the state of Montana to keep the hazardous materials endorsement. Federal regulations 49 CFR § 383.71 and § 61-5-105, MCA require all commercial driver license applicants (new, renewal, or upgrade) to be a US Citizen or Permanent Resident.

**To renew your CDL by mail, you must do the following:**

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

- Mail-in Renewal Commercial Driver License.
- If you are a veteran and would like to add a VETERAN designation on your driver license:
  - Verify your eligibility through the Montana Department of Military Affairs at <https://dma.mt.gov/MVAD/veterans-benefits>
  - Submit a completed [Application to Add Veteran Designation to Driver License or ID Card \(21-3000\)](#)

If your address has changed from what is currently on your driver license, please complete and enclose:

- 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.

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

**Fees for Interstate Commercial Driver Licenses**

Customer Age (Years)	CDL Fee	With Motorcycle Endorsement	Renew existing REAL ID	Renew REAL ID with Motorcycle	Length of CDL (Years)
21-71	\$41.72	\$43.78	\$67.47	\$69.53	4
72	\$31.42	\$32.96	\$57.17	\$59.23	3
73	\$21.12	\$22.15	\$47.90	\$49.96	2
74	\$10.82	\$11.33	\$37.08	\$39.14	1
75 & older	Must Renew in Person				

**Fees for Intrastate Commercial Driver Licenses**

Customer Age (Years)	CDL Fee	With Motorcycle Endorsement	Renew existing REAL ID	Renew REAL ID with Motorcycle	Length of CDL (Years)
21-71	\$35.54	\$37.60	\$61.29	\$63.35	4
72	\$26.78	\$28.33	\$52.53	\$54.59	3
73	\$18.33	\$19.06	\$44.08	\$46.14	2
74	\$9.27	\$9.79	\$35.54	\$37.60	1
75 & older	Must Renew in Person				



# Mail-in Renewal Commercial Driver License Application

Page 1 of 2

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)

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?</b> <input type="checkbox"/> MT Residential Address <input type="checkbox"/> MT Mailing Address							
U.S. 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</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			Daytime Phone Number		
MT Driver License or ID Number				Date of Issue			
<b>CHECK THE CDL TYPE YOU ARE APPLYING FOR: (Check one of the following CDL types)</b>							
<input type="checkbox"/> <b>Interstate Non-Excepted:</b> Must meet the qualification requirements of 49 CFR § 391 of the Federal Motor Carrier Safety Regulations and submit a valid Medical Examiner's Certificate.							
<input type="checkbox"/> <b>Montana-Only (Intrastate) Non-excepted:</b> Must meet the qualification requirements of 49 CFR § 391 of the Federal Motor Carrier Safety Regulations or state qualification requirements and submit a valid Medical Examiner's Certificate.							
<b>CHECK THE CDL CLASS AND ENDORSEMENTS YOU ARE APPLYING FOR:</b>							
Class: <input type="checkbox"/> A (Combination Vehicle) <input type="checkbox"/> B (Heavy Straight Vehicle) <input type="checkbox"/> C (Other/Endorsement Required)							
Endorsements: <input type="checkbox"/> Tanker <input type="checkbox"/> Passenger <input type="checkbox"/> School Bus <input type="checkbox"/> Double/Triple <input type="checkbox"/> Motorcycle							
<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 states: _____ <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. Are you subject to any disqualification required under <a href="#">§ 383.51</a> of the FMCSA Regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No							
9. Do you wear biopic telescopic lenses (special enhanced lenses)? <input type="checkbox"/> Yes <input type="checkbox"/> No							
<b>OTHER SERVICES OFFERED:</b>							
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							



# Mail-in Renewal Commercial Driver License Application

Page 2 of 2

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)

**VOTER REGISTRATION: Please complete this section even if you are a registered voter.**

- I want to register to vote or update my voter registration** (continue with application if selected)
- I do not want to register to vote** (end of voter application if selected)
- I'm already registered to vote and do not want to update my information** (end of voter 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 voter 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 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: \_\_\_\_\_

Montana law mandates that the Motor Vehicle Division be notified within 10 days of any address change. If your address has changed, please attach a Change of Address form 34-0300 with your renewal application.



# Change of Address for Driver License or ID Card (Electronic Record)

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)

Montana law mandates that the Motor Vehicle Division be notified within 10 days of any address change. If your address has changed, please attach this form with your application.

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 ( <a href="#">§ 61-5-303, MCA</a> ) that the information on this application is true and correct to the best of my knowledge, information, and belief.				
Signature _____			Date _____	