



Mail-in Military Exempt Status (All Driver Licenses) Instructions

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

To receive a Montana Driver License with Military Exempt Status please provide:

- The completed Application with you signature at the bottom. Submitting a form without the proper signatures will delay processing.
- Copy of Military orders or Leave and Earning Statement

Mail this form and the items listed above to:

Montana Department of Justice
Motor Vehicle Division
Attn: Mail-In DL
PO Box 201430
Helena, MT 59620-1430

Under [§ 61-5-104, MCA](#) this new license will be valid for the duration of my military service and up to 90 days after my honorable discharge from the military.

Please sign below to acknowledge that you understand this is a free service from the State of Montana and as such, a dishonorable discharge will require retesting of both the written and drive upon return to Montana to regain your driver license.

Signature

Date

Your credential will have an expiration date printed on the front of the license. The 90-day exemption will still appear on the back of the license. There will be a code added to your license and driving record to indicate a military exempt status.

Commercial Driver License must have an expiration date. All regular replacement or renewal fees apply.



Mail-in Military Exempt Status (All Driver Licenses) 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? <input type="checkbox"/> MT Residential Address <input type="checkbox"/> MT Mailing Address			
U.S. address to mail license if away (cannot mail out of country)	City	State	Zip Code

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

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 Number	Date of Issue	
Date of Entry into Service (mm/dd/yyyy)	Probable Date of Discharge (mm/dd/yyyy)	<input type="checkbox"/> Regular expiration date with 90-day exemption from date of discharge – fees apply (see page 1 for more information)

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 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: _____