

Last Name

First Name

Middle Name

Suffix



Photo Exception Request

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

Legal First Name	Legal Middle Name	Legal Last Name	Suffix (<i>Jr., Sr., 1st, etc.</i>)	
Date of Birth (mm/dd/yyyy)	Montana Driver License or ID Number	Social Security Number		
AU]b[Address	City	State	Zip Code	
Montana Residential Address	City	State MT	Zip Code	
Phone Number	Email Address			

I'm requesting an exception for religious reasons **OR** I'm requesting an exception for medical reasons

RELIGIOUS EXCEPTION:

I understand that:

- The head covering cannot obscure any facial features.
- I wear the head covering because of a religious conviction, and I wear the head covering at all times when in public, unless the circumstances require the removal of the head covering. For example, a medical examination or for a hair cut.
- I do not remove the head covering in public as a matter of courtesy or protocol. For example, when entering a court room or attending a worship service.
- If the department receives credible evidence that I do not wear a religious head covering while in public, except when the removal is necessary, the department may cancel my driver license or identification card. If my driver license or identification card is canceled, I will have to apply, test, and pay all applicable fees, and meet all other requirements, before I will be issued a new driver license or identification card.

I am requesting an exception for religious reasons because: _____

MEDICAL EXCEPTION:

I understand that:

- Any covering for medical reasons cannot obscure facial features to the extent it is practical.

I am requesting an exception for medical reasons because: _____

I certify under penalty of law that the information I submitted on this form is true and correct. I further certify under penalty of law that the documents I submitted are true and correct.

Signature

Date

FOR OFFICE USE ONLY:

I have reviewed this request for exceptions processing.

This is a: Religious exception **OR** Medical exception

The applicant's reason submitted is: Granted an exception Not granted an exception

Examiner Notes: _____

Name

Title

Signature

Date