



Driver's License, Learner's Permit or ID Card Application

(Passenger (Class D), Motorcycle (Class M), Class D/M, or Massachusetts Identification Card)

Save time, go to mass.gov/RMV to apply online!

A. Service Type

1. Type: ☒ REAL ID ☐ Standard ID

2. Document to Issue: ☐ Learner's Permit ☒ Driver's License ☐ Massachusetts ID Card

3. Class of Learner's Permit/License (if applicable): ☒ Passenger (Class D) ☐ Motorcycle (Class M) ☐ Both (Class D/M)

4. Service Type: ☐ New ☒ Renewal ☐ Replacement ☐ Out-of-State Conversion ☐ Reinstatement ☐ CDL Downgrade
☒ Change of Information (Enter new information in applicable fields): ☐ Name ☒ Address ☐ DOB ☐ Gender ☐ Height ☐ Eye Color

B. Applicant Information

Last Name (If you're getting a REAL ID, provide your full legal name) Last Name	First Name First Name	Middle Name	Suffix
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Current Massachusetts Learner's Permit or Driver's License # (if applicable) M 1 2 3 4 5 6 7 8	Date of Birth (MM/DD/YYYY) 10/10/2010
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What is your Social Security Number? [][][][][][][][][]	If you do not have a Social Security Number, you will need an SSA Denial notice & Foreign Passport. Foreign Passport #
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Residential Address (Where you actually reside)

Street	Apt. #	City	State	Zip Code
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Mailing Address ☐ (same as above)

Street	Apt. #	City	State	Zip Code
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Email email@gmail.com	Phone Type <input checked="" type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	Phone # 6502530000
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Emergency Contact Information: (optional)

Email	Name	Phone Type <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	Phone # [][][][][][][][][]
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C. Out of State Conversion (Skip if not converting from out of state)

Driver's License, Learner's Permit or ID Card #	Document Type <input type="checkbox"/> Learner's Permit <input type="checkbox"/> Driver's License <input type="checkbox"/> ID Card	Restriction(s) (if applicable)
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Country	State	Issue Date (MM/DD/YYYY)	Expiration Date (MM/DD/YYYY)
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D. Required Demographic Information

Gender <input type="checkbox"/> M <input checked="" type="checkbox"/> F	Eye Color <input type="checkbox"/> Black <input checked="" type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Hazel <input type="checkbox"/> Pink <input type="checkbox"/> Blue <input type="checkbox"/> Dichromatic <input type="checkbox"/> Green <input type="checkbox"/> Maroon <input type="checkbox"/> Unknown	Height (feet, inches) 6 Ft. 1 0 In.
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Organ Donor: ☐ Yes ☐ No For more information on organ donation, visit: neds.org.

Would you like to donate \$2 to the Organ and Tissue Donor Registration Fund?
(to be answered for renewal and replacement transactions only) ☐ Yes ☐ No

Military Status (documentation is required if checked – visit mass.gov/rmv for acceptable documents)

<input type="checkbox"/> Are you an active duty member?	What military branch?	<input type="checkbox"/> If you are a veteran of the U.S. Armed Forces, do you want the word "VETERAN" printed on your ID?
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E. CDL Downgrade (if applicable)

CDL Downgrade: I understand that my CDL will be downgraded to a Class D, M, or D/M license and I authorize the RMV to process this transaction.

Applicant Signature: _____



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