

Driver's Ed Rules

-A student must turn 14.5 years old or older by the time the Driver's Ed Class ends to be in the class.

-TEP(Traffic Education Permit): Issued to students at the beginning of the class. Only allows the student to drive with the instructor.

-LL(Learner's License): Once the student passes the knowledge test in the class, and are at least 14.5 years old, they can be issued a LL.

-If the student does not pass the class, we must look at when the student passed the knowledge exam. If they were not at least 15 years old when they passed the knowledge exam, we cannot honor their LL, and they have to re-test/restart waiting period.

-Issuing CDTP's: (We do not put students in the system, until they are 14.5 years old, and were issued a LL in the Driver's Ed Class)

-Once the applications are provided from the instructor, examiners must go through them and make sure they are complete and filled out correctly. The applications **MUST** match what is in TEDRS. If it does not, that counts as an incomplete application.

-If there is ANYTHING incomplete or filled out incorrectly, the instructor will be contacted to make the corrections. We do not do anything with these applications until they are fixed. Additionally, it is not our responsibility to contact the students to fix these issues. That falls on the instructor.

***This part is VERY important!** If we are putting students in the system with incomplete or mis-filled applications, we are putting ourselves and that student at risk. We can get audited and/or sued for putting illegitimate information in the system, and the student can get in trouble with the law if they are driving because they are technically illegal in the system.

-I attached an example of a correctly filled out application.

For Official Use Only:

Last Name [redacted] First Name [redacted] Middle Name [redacted] Suffix

<input type="checkbox"/> New Issuance	<input type="checkbox"/> Real ID	Date: _____	Customer # _____
<input type="checkbox"/> Renewal	<input type="checkbox"/> MC	CJ#: _____	Amount Paid: _____
<input type="checkbox"/> Replacement	<input type="checkbox"/> CDTP	Docs: _____	Statement # _____



**State of Montana
Application for Class D Driver License
-or-
Identification Card (all applicants)**

PLEASE PRINT P.O. Box 201430 Helena, MT 59620-1431 • Phone (406) 444-3933 • Fax (406) 444-1631 • DriverLicense@mt.gov • dojmt.gov

Legal Last Name	Legal First Name	Legal Middle Name	Suffix (Jr., Sr., etc.)
[redacted]	[redacted]	[redacted]	
Date of Birth (mm/dd/yyyy)	Height	Weight	Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
[redacted]	[redacted]	[redacted]	[redacted]
Montana Residential Address	City	State	Zip Code
[redacted]	[redacted]	MT	[redacted]
Montana Mailing Address	City	State	Zip Code
[redacted]	[redacted]	MT	[redacted]
Driver License Number	State	Date of Issue	Are you a United States Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	MT		Place of Birth: State or Province
Social Security Number	Email Address	Daytime Phone Number	
[redacted]	[redacted]	[redacted]	

CHECK ALL THAT APPLY

Driver License ID Card Motorcycle Endorsement Replacement REAL ID (optional)

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

LICENSING QUESTIONS (all boxes must be complete):

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? Yes 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) Yes No

3. Do you suffer from any chronic or potentially chronic condition that may cause a loss of consciousness or control? Yes 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? Yes No
If yes, list all states: _____

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? Yes No

PARENTAL CONSENT FOR A MINOR (Must be signed in front of a notary or MVD employee):
Check one: I certify that as a parent legal guardian or responsible adult of the above-named minor applicant, I consent to the issuance of a driver license to the minor applicant and assume obligation imposed under § 61-5-108, MCA.

Signature: [redacted] **Date:** [redacted] **Driver License # or Printed Name:** [redacted]

NOTARIZATION OR VERIFICATION OF PARENT SIGNATURE:
Parent signature verified before me on [redacted] Signature of MVD staff or CDTP Instructor: [redacted] **OR:**

State of _____ **County of** _____ Signed before me on (date) _____ Notary Stamp/Seal _____

by (clearly print name of parent signing form) _____

Notary signature _____

VISION TEST: for office use only

Without glasses	Left Eye	Both Eyes	Right Eye	Color Perception
	20/ P	20/ P	20/ P	<input type="checkbox"/> Present
With glasses/contacts	20/ P	20/ P	20/ P	<input type="checkbox"/> Absent
				Depth <input type="checkbox"/>

HEARING TEST: for office use only

Pass Fail Check if wearing hearing aid

COMMENTS:

OTHER SERVICES OFFERED:

- 1. If you are 18 or older, do you want your driver license or ID to show that you have a living will? Yes No
- 2. If you are 15 or older, do you want your driver license or ID to show that you are an organ donor? Yes No
- 3. 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).
 Already Registered Yes Refuse Exempt

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: _____

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 application if selected)
- I'm already registered to vote and do not want to update my information (end of 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 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 Applicant 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.

Signature _____ Date _____

The affirmation on this application for voter registration must be signed by the applicant. Failure to do so will prevent 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/>

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.

Last Name: [Redacted] Rupp

First Name: Tyler

Initial Name: David

Suffix

TESTING PAGE

TESTING FOR:

- Class D
- Motorcycle
- Re-exam
- Renewal Diver Test

CDTP USE ONLY

CDTP INSTRUCTOR DOCUMENTS REVIEWED:

Document 1:

- U.S. Birth Certificate
- U.S. Passport
- Montana Identification Card

Document 2:

- Social Security Card
- School Identification Card
- Other:

CREDENTIAL ISSUANCE:

REAL ID: Yes No

- License/ID Issued: Driver License Motorcycle Only
- Identification Card Probationary License
- Endorsements: 1 - Standard Motorcycle 3 W Motorcycle
- Restrictions: CL - Corrective Lenses NI - No Interstate VM - Valid in MT Only
- LM - Left Outside Mirror AT - Automatic Transmission MA - Mechanical Aid
- DO - Daylight Only EO - Essential Only LS - Low Speed Vehicle
- NW - No Inclement Weather PA - Prosthetic Aid Other (specify): _____
- RS - 45-55 MPH RA - Restricted Area

Examiner: _____

Date: _____

WRITTEN TEST:

DRIVER LICENSE (DL) or MOTORCYCLE (MC):

Knowledge Testing Results

	Date:	Type:	Examiner:	Score:		Date:	Type:	Examiner:	Score:
1	[Redacted]	<input checked="" type="checkbox"/> DL <input type="checkbox"/> MC	[Redacted]	[Redacted]	4	[Redacted]	<input type="checkbox"/> DL <input type="checkbox"/> MC	[Redacted]	
2	[Redacted]	<input type="checkbox"/> DL <input type="checkbox"/> MC	[Redacted]		5	[Redacted]	<input type="checkbox"/> DL <input type="checkbox"/> MC	[Redacted]	
3	[Redacted]	<input type="checkbox"/> DL <input checked="" type="checkbox"/> MC	[Redacted]		6	[Redacted]	<input type="checkbox"/> DL <input type="checkbox"/> MC	[Redacted]	

Permit Issue: Learner License MC Learner License

Comments/Correspondence/Special Accommodations: _____

Examiner: _____

Date: _____

DRIVING TEST:

Vehicle License #: _____ Color: _____ Make: _____ Insurance Exp: _____ Condition: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor Defective Equipment: _____	Traffic Driving Starting from curb _____ <input type="checkbox"/> Stop sign or light _____ <input type="checkbox"/> Stop line _____ <input type="checkbox"/> Judgment of distance _____ <input type="checkbox"/> Judgment of intersection _____ <input type="checkbox"/> Head check _____ <input type="checkbox"/> Correct lane _____ <input type="checkbox"/> Attention (signs-signals) _____ <input type="checkbox"/> Use of clutch _____ <input type="checkbox"/> Stalls Motor _____ <input type="checkbox"/> Right of way, ped. veh. _____ <input type="checkbox"/> Attention to driving _____ <input type="checkbox"/> Shifting ability _____ <input type="checkbox"/> Use of horn _____ <input type="checkbox"/>	Skill Test Backing _____ <input type="checkbox"/> Parallel Parking _____ <input type="checkbox"/> <table border="1"> <tr> <th>Driving</th> <th>1st</th> <th>2nd</th> <th>3rd</th> </tr> <tr> <td>Test Score</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Examiner</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Date</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Successful</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Unsuccessful</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Driving	1 st	2 nd	3 rd	Test Score				Examiner				Date				Successful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unsuccessful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Driving	1 st	2 nd	3 rd																							
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Successful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																							
Unsuccessful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																							

GENERAL DRIVING BEHAVIOR:

- Used brakes properly (smooth braking, no riding or pumping) _____
- Proper steering (no over/under, one finger) _____
- Understood controls _____
- General car controls, good _____
- Attitude courteous _____
- Accident _____
- Committed dangerous act _____
- Vehicle over sidewalk or lanes _____
- Vehicle over stop lines when pedestrian present _____
- Failed to obey all traffic signs, signals and/or laws _____

Remarks or Restrictions: _____

-Entering CDTP Road Test Results/Waiving Students:

-We MUST have the score sheets (marked waived by the instructor) scanned into their record in CARS, and match the info in TEDRS to waive a student for testing.

Last Name	First Name	Birth Date	Course Start Date	Course Completed Date	Date TEP Issued	Date Learner License Issued	Successful Completion	Waive Test Knowledge	Waive Test Driving
[REDACTED]	[REDACTED]	01/02/2009	01/29/2024	05/14/2024	01/29/2024	02/07/2024	Yes	Yes	Yes

Account	CDTP Waiver (21-1800)	[REDACTED]	29-May-2024
License Documents	License Application	[REDACTED]	13-Feb-2024

CDTP Road Test Results
 P.O. Box 201430 Helena, MT 59620-1430 Phone (406) 444-3933 doj.mt.gov/driving

Applicant Legal Name (please print):
 Last: [REDACTED] First: [REDACTED] Middle or Maiden: David
 Driver License Number: [REDACTED] Date of Birth: 01/02/2009
 Applicant Signature: [REDACTED] Date: [REDACTED]
 Examiner/Instructor Signature: [REDACTED] Examiner/Instructor Printed Name: [REDACTED]

GENERAL DRIVING BEHAVIOR

<input checked="" type="checkbox"/> Used brakes properly (smooth braking, no riding or pumping)	<input type="checkbox"/> Accident
<input checked="" type="checkbox"/> Proper steering (no over/under, one finger)	<input type="checkbox"/> Committed dangerous act
<input checked="" type="checkbox"/> Understood controls	<input type="checkbox"/> Vehicle over sidewalk or lanes
<input checked="" type="checkbox"/> General car control, good	<input type="checkbox"/> Vehicle over stop lines when pedestrian present
<input checked="" type="checkbox"/> Attitude, good	<input type="checkbox"/> Failed to obey all traffic signs, signals, and laws

DRIVING TEST

TURN	1	2	3	TRAFFIC DRIVING	SKILL TEST	COMMENTS
R I G H T				Starting (from curb - signal)	Parallel Parking: <input checked="" type="checkbox"/>	Waived Z
Signal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Stop Sign or Light	Backing: <input checked="" type="checkbox"/>	
Speed	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Stop Line	Driving Test Score: 98%	
Lane	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Judgement of Distance	Examiner: [REDACTED]	
Wheel	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Judgement of Intersection	Successful: 8 Unsuccessful: 9	
Straight	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Head Check	Restrictions: N/A	
L E F T				Correct Lane		
Signal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Attention (signs - signals)		
Speed	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Stalls Motor		
Lane	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Use of Clutch		
Wheel	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Right of Way, Ped. Veh.		
Straight	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Attention to Driving		
Describe Physical Condition:				Shifting Ability		
				Use of Horn		

-Knowledge Tests: If a student scores at least an 82% on the knowledge test given by the instructor, they can be waived.

-Skills Test: If a student misses 8 or fewer points on the skills test given by the instructor, they can be waived.

-Wait Period for getting GDL's:

-Students must wait a period of 6 months and ONE DAY from the issuance of their TEP/Learner's License to come to the MVD to take their Skills Exam and/or be issued their GDL. The rule is 6 months, but the end of the 6 months does not hit our system until midnight on that last day. Since we are not open at midnight, the student must come in a day after that. That's why we say 6 months and one day.

-For the 6 month and a day holding period to count from their TEP date, there must be no lapse between when the TEP expires, and the LL was issued. The student must also be 14.5 years old by the time the waiting period starts.