

NON-COMMERCIAL CLASS C APPLICATION

NOT FOR CDL CLASS A, B OR C LEARNER'S PERMITS, LICENSES OR WAIVERS

Written Examination Fee Must Be Included With This Application

PRINT	FIRST NAME	INITIAL	LAST NAME	MAILING ADDRESS			
EMAIL ADDRESS							
Date of Birth	Hair Color	Eye Color	Height	Weight	Gender	Telephone #	Social Security Number
Month Day Year			Feet & Inches	Pounds	M, F, X (Non-binary)		Required if eligible for SSN

Class C

APPLICANT MUST BE AT LEAST FIFTEEN YEARS OF AGE

\$35.00

*Basic license for operation of passenger cars and light trucks.

*Applicants Fifteen years of age may hold a learner's permit. You may not apply for a road test until attaining your sixteenth birthday.

*All applicants under the age of eighteen must file a DRIVER'S EDUCATION COURSE COMPLETION CERTIFICATE.

*Anyone under the age of twenty-one must hold a permit for at least six months before applying for a road test.

Oral Examination:

(check box if required)

If you require an oral examination you may bring your own reader/translator at time of test.

(Literacy or American Sign Language interpreters will be provided by the Bureau of Motor Vehicles upon advance request)

Maine Organ and Tissue Fund donation: () \$2.00 or () Other _____ (specify amount)

→ PLEASE ANSWER THE FOLLOWING QUESTIONS ←

1)	Place of birth	YES		NO
	<i>City or Town</i> <i>State or Country</i>			
2)	Are you applying for a learner's permit examination?	<input type="checkbox"/>		<input type="checkbox"/>
3)	Have you completed a course in Driver's Education?	<input type="checkbox"/>		<input type="checkbox"/>
4)	Do you hold or have you ever held a valid driver's license from Maine or any other state, country or province; Class: _____ Expiration date: _____ Where: _____	<input type="checkbox"/>		<input type="checkbox"/>
5)	Have you ever held a Maine learner's permit or Non-driver identification card? If yes, under what name? <i>(Print)</i>	<input type="checkbox"/>		<input type="checkbox"/>
6)	Have you been convicted of violating any motor vehicle laws within the last ten years? What was the violation _____ Date: _____ Where: _____	<input type="checkbox"/>		<input type="checkbox"/>
7)	Is your privilege to operate a motor vehicle under suspension or revocation in this state or any other state or province?	<input type="checkbox"/>		<input type="checkbox"/>
8)	Do you have any of the following medical conditions? (If NO, check box) →			<input type="checkbox"/>
<input type="checkbox"/>	Blackouts/Loss of Consciousness	<input type="checkbox"/>	Multiple Sclerosis	<input type="checkbox"/>
<input type="checkbox"/>	Narcolepsy/Hypersomnia	<input type="checkbox"/>	Hypoglycemia	<input type="checkbox"/>
<input type="checkbox"/>	Musculoskeletal/ Neurological	<input type="checkbox"/>	Spinal Cord Injury	<input type="checkbox"/>
<input type="checkbox"/>	Substance Use Disorder	<input type="checkbox"/>	Heart Trouble	<input type="checkbox"/>
<input type="checkbox"/>	Other conditions affecting your ability to safely operate a motor vehicle	<input type="checkbox"/>	Sleep Apnea	<input type="checkbox"/>
		<input type="checkbox"/>	Limb Amputation	<input type="checkbox"/>
		<input type="checkbox"/>	Parkinson's	<input type="checkbox"/>
		<input type="checkbox"/>	Stroke/Brain Injury	<input type="checkbox"/>
		<input type="checkbox"/>	Dementia	<input type="checkbox"/>
		<input type="checkbox"/>	Mental Health Condition	<input type="checkbox"/>
		<input type="checkbox"/>	Seizures/Epilepsy	<input type="checkbox"/>
		<input type="checkbox"/>	Chronic Lung Disease	<input type="checkbox"/>

LEGAL SIGNATURE:

DATE:

No Nicknames

Under 18 Requires:

SIGNATURE OF PARENT OR GUARDIAN

RELATIONSHIP:

PLEASE MAKE CHECK OR MONEY ORDER PAYABLE TO: Secretary of State

Mail to: **Bureau of Motor Vehicles
Examination Section
State House Station # 29
Augusta, ME 04333**

****PLEASE INCLUDE ALL FEES & IDENTIFICATION WITH THIS APPLICATION****

REQUIREMENTS

Two forms of identification required when submitting application materials.

One must indicate your date of birth and the other must bear your written signature. If you are the holder of a Driver's License from any State or Province that license MUST ALSO be produced. Acceptable ID;

Adoption Papers	Copy of Marital Application (Certified)	Driver Education Card	Military Discharge/Separation (DD-214)*
Baptismal Records	Court Record	Driver's License	Military ID Card*
Birth Certificate	Divorce Papers	Driver's Permit	Passport
Citizenship or Immigration Documents	Draft Card	Medical Record from Doctor/Hospital	School Record/Transcript (Certified)
Concealed Weapons Permit (gun permit)		Military Dependent ID Card*	Social Security Card

Parent/Guardian (Parent/Guardian must appear in person and prove his/her identity, **applies only to minors.**)

Birth Certificate is required for applicants under the age of twenty-three.

Copy of the Birth Certificate must have the **EMBOSSSED SEAL** or **STAMP** of the issuing agency.
Notarized copies are *NOT* acceptable.

All questions on this application must be answered and be accompanied by the required materials or the application will be returned, causing undue delay in being scheduled for an examination.

Proof of residency and lawful presence is required upon submission of application. For a list of acceptable documents to establish such proof, refer to <http://www.maine.gov/sos/bmv/licenses/getlicense.html>

The road test phase of the examination for a license may be waived for holders of a **VALID** out-of-state license.

The Secretary of State may not accept this application for any minor under the age of eighteen years unless the application is signed by a Parent or Legal Guardian having custody of the minor or by the Spouse of the minor provided the spouse is eighteen years of age or older. Any person who has signed the application for a minor to obtain a **LEARNER'S PERMIT** or an **OPERATOR'S LICENSE** may thereafter file with the Secretary of State a notarized written request that the learner's permit or license of said minor, so granted, be suspended.

*Veterans please visit the Bureau of Veterans' Services website at <http://www.maine.gov/veterans> for information on state and federal benefits your military service may have earned you.

I am aware that any misstatement on this application will result in immediate suspension or revocation of my permit or license and my privilege to operate in the State of Maine may be suspended for a period to be determined by the Secretary of State. Furthermore, I understand that knowingly supplying false information on this form is a Class D Crime.

Manual available online: www.maine.gov/sos/bmv