

# MOTORCYCLE OR MOPED APPLICATION

\*\*\*NOT FOR CDL CLASS A, B OR C OPERATORS PERMITS, LICENSES OR WAIVERS\*\*\*

Written Examination Fee Must Be Included With This Application

<b>PRINT</b>	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
<input type="checkbox"/>	<b><u>Motorcycle</u></b>		<b>*APPLICANT MUST BE AT LEAST SIXTEEN YEARS OF AGE*</b>				
<b>\$35.00</b>	Applicants under the age eighteen are required to have a completion certificate for both Driver's Education and the Basic Rider Course (BRC). All applicants are required to complete a BRC.						
<input type="checkbox"/>	<b><u>Moped</u></b>		<b>*APPLICANT MUST BE AT LEAST SIXTEEN YEARS OF AGE*</b>				
<b>\$35.00</b>	Mopeds may be operated by any person who possesses a valid operator's license of any class; or who possesses an operator's license specially endorsed to operate a motorcycle or moped; or a permit for moped operation.						
<input type="checkbox"/>	<b><u>Oral Examination:</u></b>		<b>If you require an oral examination you may bring your own reader/translator at time of test.</b>				
	(check box if required)		<i>(Literacy or American Sign Language interpreters will be provided by the Bureau of Motor Vehicles upon advance request)</i>				

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

PLEASE ANSWER THE FOLLOWING QUESTIONS

1)	Place of birth		YES	NO			
	<small>City or Town</small>	<small>State or Country</small>					
2)	Are you applying for an instruction 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 instruction 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? <b>(If NO, check box)</b> <span style="float: right;">→ <input type="checkbox"/></span>						
<input type="checkbox"/>	Blackouts/Loss of Consciousness	<input type="checkbox"/>	Multiple Sclerosis	<input type="checkbox"/>	Sleep Apnea	<input type="checkbox"/>	Dementia
<input type="checkbox"/>	Narcolepsy/Hypersomnia	<input type="checkbox"/>	Hypoglycemia	<input type="checkbox"/>	Limb Amputation	<input type="checkbox"/>	Mental Health Condition
<input type="checkbox"/>	Musculoskeletal/Neurological	<input type="checkbox"/>	Spinal Cord Injury	<input type="checkbox"/>	Parkinson's	<input type="checkbox"/>	Seizures/Epilepsy
<input type="checkbox"/>	Substance Use Disorder	<input type="checkbox"/>	Heart Trouble	<input type="checkbox"/>	Stroke/Brain Injury	<input type="checkbox"/>	Chronic Lung Disease
<input type="checkbox"/>	Other conditions affecting your ability to safely operate a motor vehicle						

**LEGAL SIGNATURE:**

**DATE:**

No Nicknames

**Under 18 Requires:**

SIGNATURE OF PARENT OR GUARDIAN

RELATIONSHIP:

**PLEASE READ OTHER SIDE**

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\*\***

**“Moped”** means a motorized device designed to travel with only 2 or 3 10-inch or larger diameter wheels in contact with the ground and that; may have pedals, has an electric or liquid fuel motor not exceeding 50 cubic centimeters or an electric motor with under 1,500 watts and does not require clutching or shifting by the operator after the drive system is engaged.

*“Moped” does not include an electric personal assistive mobility device.*

**“Motorcycle”** means a motor vehicle that has a seat or a saddle for the use of the rider and is designed to travel with only 2 or 3 10-inch or larger diameter wheels and has a motor with a cylinder capacity of more than 50 cubic centimeters or an electric motor with a capacity of not less than 1,500 watts.

## REQUIREMENTS

**Two forms of identification required when submitting application materials.**

On 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:

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

**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 operator’s 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](http://www.maine.gov/sos/bmv)