



Class D or M Road Test Application

Save time, go to Mass.Gov/RMV to apply online!

A. Applicant Information

MA Assigned License/ID/Permit #		License Class <input type="checkbox"/> D <input type="checkbox"/> M		Date of Birth (MM/DD/YYYY)	
Last Name		First Name		Middle Name	Suffix
Residential Address (Where you actually reside)					
Street		Apt. #	City		State Zip Code
Mailing Address <input type="checkbox"/> (same as above)					
Street		Apt. #	City		State Zip Code

B. Parent/Guardian Consent for Applicants under the age of 18:

Information and Certification of Person Providing Consent

If the person giving consent IS NOT a parent, proper documentation of authority must be shown.

I hereby certify I am: (check one) parent legal guardian Department of Children and Families boarding school headmaster of the above-named applicant who is less than 18 years of age, but not less than 16 1/2 years of age, and that my consent is given as required by M.G.L. Chap. 90, Section 8 for the issuance of a Driver's License. I further certify by my separate signature that the applicant has completed the required number of hours of behind-the-wheel driving by a validly licensed person aged 21 or over, with at least one year of driving experience, in addition to the requirements of the driver education and training program. (Sign the appropriate time period and sign again at the bottom where noted).

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| 1. The applicant has completed the additional 40 hours of required supervised driving. | 1. Parent/Guardian Signature: _____ |
| 2. Completion of Skills Program: The applicant has completed the additional 30 hours of required supervised driving and successfully completed an RMV approved driver skills development program. | 2. Parent/Guardian Signature: _____ |

False certification is punishable by fine, imprisonment, or both (M.G.L. Chap. 90, Section 24B).

Parent/Guardian Address: _____

Parent/Guardian Signature: _____ Printed Name: _____

C. Mandatory Questions (for information on medical standards related to driver's licenses, visit Mass.Gov/RMV)

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. <input type="checkbox"/> Yes Do you have a cognitive, neurologic, physical, or any other impairment that may affect your functional ability to operate a motor vehicle safely? | 2. <input type="checkbox"/> Yes Are you currently taking any medication that may affect your ability to safely operate a motor vehicle? |
| <input type="checkbox"/> No | <input type="checkbox"/> No |

D. Certification and Signature of Applicant (application not complete without signature)

I have reviewed this completed **Application Form** and swear (affirm), under the penalties of perjury, that the information I have provided is true and correct. **I am aware that false statements are punishable by fine, imprisonment, or both under M.G.L. Chapter 90, Section 24B.**

Signature: _____ Date: _____

The Registrar reserves the right to cancel, revoke, or recall, any permit, license, or ID card if it is determined that the applicant was not qualified for such permit, license, or ID card.

Official Notice: Massachusetts law requires persons convicted as a sex offender to register with their local police departments. For information, call 1-800-93MEGAN or visit <https://www.mass.gov/orgs/sex-offender-registry-board>

E. Sponsor Information

Plate Number of Vehicle Used for Road Test	State	Sponsor License Number	State
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Sponsor Signature: _____ Date: _____

F. Examiner Test results to be completed by Examiner

Date Examined	Please Check One <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Reject	Examiner Name	Examiner Initials	Location of Road Test
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Reason for Failure or Rejection



PASSENGER VEHICLE (CLASS D) AND MOTORCYCLE (CLASS M) ROAD TEST CHECKLIST

A completed **Class D or M Road Test Application**

- If you are under 18 years of age:
 - **Class D:** The application must be signed by a parent, legal guardian, social worker, or boarding school headmaster. If the person signing the application IS NOT a parent, documentation of the person's guardian status must be shown at the time of the road test to prove that the person is qualified to sign.
 - **Class M:** You must successfully complete a Massachusetts Rider Education Program (MREP) basic rider course to obtain a Class M license

A valid learner's permit

A sponsor (Class D only; **Class M** road tests do not require a sponsor)

- Your sponsor must: (a) be 21 years of age or older; (b) have at least one year of driving experience; and (c) be duly licensed by his/her state of residence

The sponsor's valid driver's license available for the Road Test Examiner to review

A face covering to wear during the RMV visit and road test

Vehicles used for Road Tests:

Applicants taking a Class D road test must use a state vehicle or a driving school vehicle. Applicants will be given approximately 5 minutes to become familiar with the state vehicle controls. Applicants taking a Class M road test will need to provide a motorcycle. Applicants taking a competency road test with adaptive equipment, or those with an ignition interlock device, must take the road test in their vehicle, provided they provide approval for the RMV to clean the vehicle prior to the test.

Motorcycles, vehicles with an ignition interlock device, and vehicles with adaptive equipment for a competency test must meet the following requirements:

- Be in good working condition and be able to pass a safety check.
- Have a valid registration and current inspection sticker.

Vehicles with an ignition interlock device and vehicles with adaptive equipment for a competency test must also meet the following additional requirements:

- Contain adequate seating accommodations next to the operator for the use of the examiner.
- Be designed to let the examiner make an emergency stop using the parking brake. If not, the vehicle CANNOT be used.
 - Any vehicle with a center console that does not have a parking brake as part of the console CANNOT be used.
 - Any vehicle that does not allow the examiner unobstructed access to the parking brake CANNOT be used.

THE EXAMINER'S GOAL IS TO OBSERVE YOUR DRIVING PERFORMANCE. DURING A CLASS D ROAD TEST, YOU SHOULD BE PREPARED TO DEMONSTRATE YOUR ABILITY TO:

- ✓ Use hand signals
- ✓ Start the engine
- ✓ Start and stop the vehicle
- ✓ Parallel Park
- ✓ Back the vehicle approximately 50 feet
- ✓ Make left - right turns
- ✓ Start, stop, and turn the vehicle on a hill
- ✓ Turn around between curbs (three point turn)
- ✓ Enter and leave intersections
- ✓ Recognize and obey traffic signs, lights and signals, and other rules of the road
- ✓ Use good driving sense ...
- ✓ Use good driving posture, with both hands always placed properly on the wheel
- ✓ Drive in the proper lane and look carefully and signal properly before changing lanes
- ✓ Maintain enough distance between your vehicle and the one ahead of you
- ✓ Always drive at safe speeds to comply with speed limits and varying traffic conditions
- ✓ Properly yield the right-of-way
- ✓ Are generally aware of your actions and particularly those of other drivers

A CLASS M ROAD TEST WILL CONSIST OF THE FOLLOWING RIDING SKILLS:

- ✓ "Figure eights" and 360° circles in both directions without your feet touching the road
- ✓ Normal starts and stops
- ✓ Driving in traffic
- ✓ Crossing intersections
- ✓ Making turns
- ✓ Shift Gears while riding (up and down)