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

PRINT	FIRST N	AME	INITIA	LAST I	NAME	MAILING ADDRESS					
EMAIL ADI	DRESS										
Date of Birth	Hair C	olor	Eye Color	Height	Weight	Gendei		Telephone #	Social Sec	curity Nu	mber
Month Day Year			Feet & Inches	eet & Inches Pounds M, F, X (Non-binary) Requ				Required if	quired if eligible for SSN		
APPLICANT MUST BE AT LEAST SIXTEEN YEARS OF AGE 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.											
Moped *APPLICANT MUST BE AT LEAST SIXTEEN YEARS OF AGE*											
		be op	erated by ar	ny person who p	oossesses	a valid operato	or's licen	se of any class;	or who poss	esses an	
operator's license specially endorsed to operate a motorcycle or moped; or a permit for moped operation.											
<u>O</u>	check bo		nation:	·	racy or Am	eader/tran erican Sign Lai	slato nguage i	tion you man at time of interpreters will upon advance to the time of time of time of the time of the time of time	f test. I be provided	•	own
	Maine	Org		ue Fund donati					amount)		
1) Place o	f birth		► PLE	ASE ANSWER	R THE FO					YES	NO
2) 4	1 .	C	. ,	City or Town	٠,		or Country	/			
2) Are you applying for an instruction permit examination?										- -	
3) Have you completed a course in Driver's Education?											
41			=	neld a valid d Expirati			Maine Where	-	state,		
Have you ever held a Maine instruction permit or Non-driver identification card?											
If yes, under what name? (Print)											
6)				olating any m		nicle laws wi		=	rs?		
w nat w	as the vi				Date:		Where				
/)			-	notor vehicle	under su	spension or	revoca	tion in this st	tate or any		
other st	ate or pro										<u> </u>
,	•	•		ing medical c			-				
Blackouts				Multiple S			Apnea		Dementia	1.1 0	1
Narcolepsy/Hypersomnia Hypoglycemia Limb Amputation Mental Health Condition										lition	
☐ Musculoskeletal/Neurological ☐ Spinal Cord Injury ☐ Parkinson's ☐ Seizures/Epilepsy ☐ Substance Use Disorder ☐ Heart Trouble ☐ Stroke/Brain Injury ☐ Chronic Lung Disease											
	Other conditions affecting your ability to safely operate a motor vehicle									.50	
LEGAL SI					-				DATE:		
No	Nicknames										
Under 18 Req											_
SIGNATURE C	F PARENT	OR	GUARDIAN				RELAT	TIONSHIP:			

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.

Ciccure motor with a c	sapacity of not less than 1,500 wa	1113.								
REQUIREMENTS										
Two forms of identifi	cation required when submitting a	application materials.								
On must indicate your	date of birth and the other must bear	r your <u>written signature</u> . If you are th	ne holder of a Driver's License from							
any State or Province t	hat license MUST ALSO be produc	ed. Acceptable ID:								
Adoption Papers	Copy of Marital Application	Driver Education Card	Military Discharge/Separation							
	(Certified)		(DD-214)*							
Baptismal Records	Court Record	Driver's License	Military ID Card*							
Birth Certificate	Divorce Papers	Driver's Permit	Passport							
Citizenship Papers	Draft Card	Medical Record from	School Record/Transcript							
		Doctor/Hospital	(Certified)							
Concealed Weapons l	Permit (gun permit)	Military Dependent ID Card*	Social Security Card							
Parent/Guardian (Pa	rent/Guardian must appear in per	son and prove his/her identity, app	olies only to minors.)							
Birth Certificate is required for applicants under the age of twenty-three.										
Copy of the Birth Certificate must have the EMBOSSED 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. I also understand that any driver's license or ID card I hold in another state may be canceled by that state according to its laws.

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