



# Motor Vehicle Division Driver Services Bureau

Traffic Education Conference  
Looking ahead  
2016

# Driver Services Bureau (DSB): Who we are

- Michele Snowberger – Bureau Chief
  - 1 year with MVD
  - Former Belgrade City Judge
- Tammy Stefanik – Deputy Bureau Chief
  - 16 years with MVD
  - 5 as an examiner
- Jennifer Anderson – Northern Regional Manager (Great Falls)
  - 2 ½ years with MVD

# MVD Bureau Consolidation

- February 1, 2016
- ***New Driver Services Bureau***
  - Records Section
  - Driver License Section
- Provide services more efficiently
- Align business operations

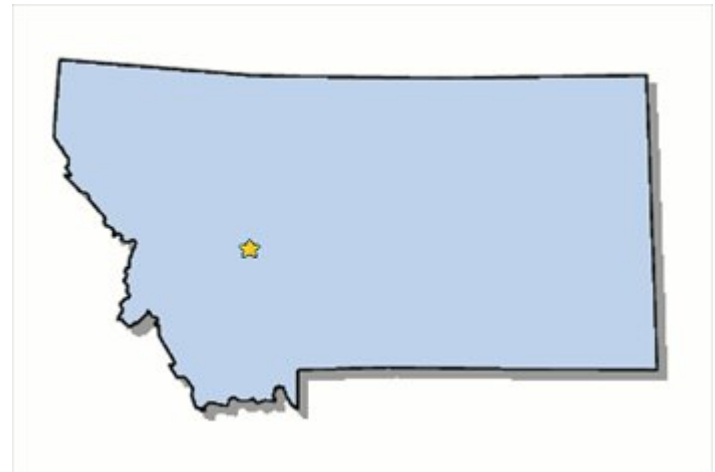
# Driver License Section

## 4 Regions

- 20 permanent stations
- 29 travel stations
- 70 employees

## Support team

- Commercial Driver Help Desk
- MVD Customer Care Center
- Records Section
- JITSD – Information Technology Division





# Current status

## Customer contacts (Jan-Mar 2015 to Jan-Mar 2016)

- Overall 10% average statewide
- Class size and intervals

## Exam station influence

- Retirement eligible work force
- Travel required to cover other stations
- Training for examiners

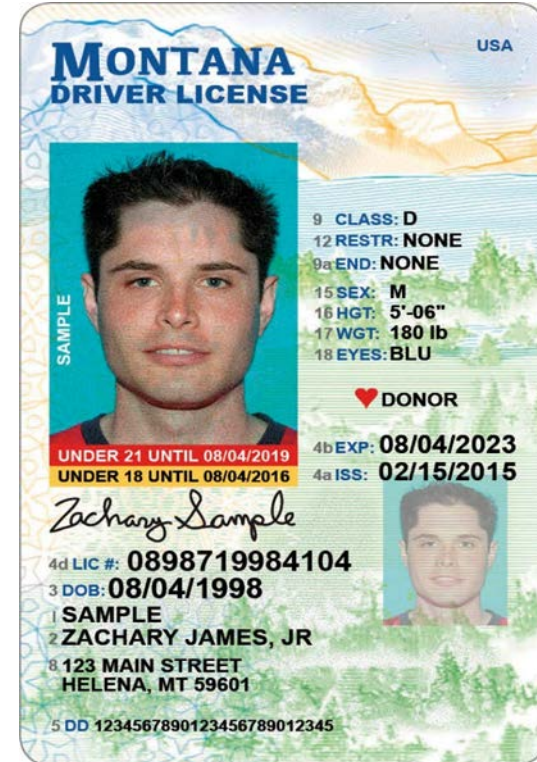
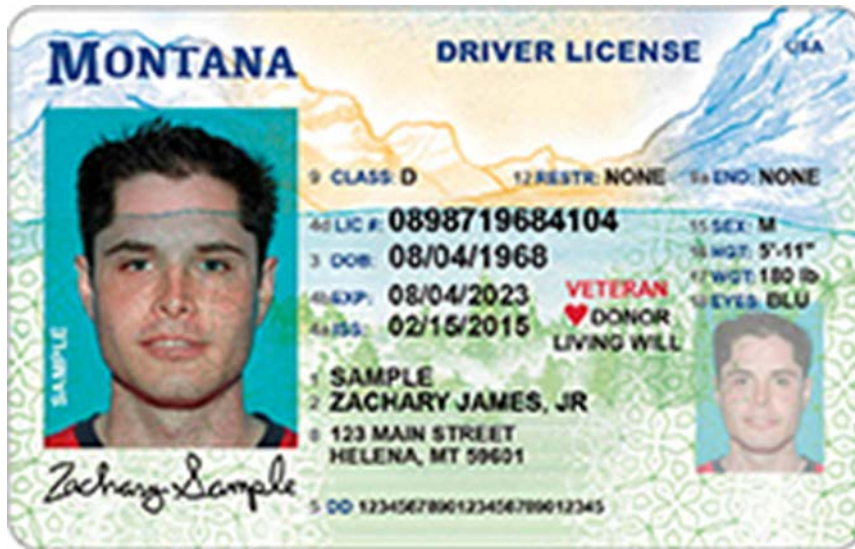


# What's new: Since 2015

- New license/ID card
- Appointment scheduling for all offices
  - Make drive test appointments in advance
  - Regionals preparing schedules 6 months in advance to assist students
- Automated knowledge testing stations are modernized
  - Earbud adapter
  - Road test tablets
- New Applications



# New License







# New Applications

- Some questions moved to back
  - Selective service
  - Organ donation
- Voter registration
  - 17 years old

**OTHER SERVICES OFFERED:** Federal law requires male citizens and certain aliens living in the U.S. to register for the military selective service within 30 days of their eighteenth birthday. State law requires MVD to transmit registration information to the military selective service if a person under 18 but at least 15 years old indicates on their driver license application that they want to be registered on their eighteenth birthday.

If you are at least age 15, do you want to be registered with Selective Service when you turn age 18?  Yes  No  Not Applicable  
If you are 15 or older, do you want your driver license or ID to show that you are an organ donor? >>>>  Yes  Not Now

**MINOR APPLICANT:** I certify under penalty of law that the above information and answers are true and correct. 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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**REGISTER OR UPDATE VOTER REGISTRATION INFORMATION**

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/>.

Your decision to vote or not, and where you submitted this form, will remain confidential.

Do you want to register to vote in Montana or update your voter registration? Yes  No

If "No"  If "Yes" continue on.

County you are registering to vote in: \_\_\_\_\_

Check all that apply:  New Registration  Name Change  Address Change

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 .

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

**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.

21-1400A (Rev. 1/16)

# Application Completeness

- Legal identification documents
- Testing and scores
- Learner license or TELL issuance
- **No staples**
- **Name on both**
- **Paperclips okay**

For Official Use Only:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Suffix \_\_\_\_\_

APPLYING FOR:  Original  Replacement  
 Class D  Motorcycle Endorsement (MC) DL #:

Date: \_\_\_\_\_ Fees Received: \_\_\_\_\_ Documents Reviewed:  
Auth. Presence Doc:  PDPS  CDLIS  Primary ID Doc:  
 SSOLV  SAVE  Secondary ID Doc:  
 CDTF Inst. ID Doc:

VISION TEST: Left Both Eyes Right  
Without Glasses 20 / 20 / 20 / Color Perception  Present  Absent  
With Glasses / Contacts 20 / 20 / 20 / Depth

HEARING TEST:  Pass  Fail  Check if wearing hearing aid General Physical Condition:

DRIVER LICENSE (Class D) or MOTORCYCLE (MC):

Knowledge Testing Results

Date	Type	Examiner	Set # / Score	Date	Type	Examiner	Set # / Score
1	<input type="checkbox"/> DL <input type="checkbox"/> MC		<input type="checkbox"/> Auto <input type="checkbox"/> Paper	4	<input type="checkbox"/> DL <input type="checkbox"/> MC		<input type="checkbox"/> Auto <input type="checkbox"/> Paper
2	<input type="checkbox"/> DL <input type="checkbox"/> MC		<input type="checkbox"/> Auto <input type="checkbox"/> Paper	5	<input type="checkbox"/> DL <input type="checkbox"/> MC		<input type="checkbox"/> Auto <input type="checkbox"/> Paper
3	<input type="checkbox"/> DL <input type="checkbox"/> MC		<input type="checkbox"/> Auto <input type="checkbox"/> Paper	6	<input type="checkbox"/> DL <input type="checkbox"/> MC		<input type="checkbox"/> Auto <input type="checkbox"/> Paper

Permit Issued:  Learner License  Traffic Education Learner License  Motorcycle Learner License  
Examiner: \_\_\_\_\_ Comments: \_\_\_\_\_  
Date: \_\_\_\_\_

License / ID Issued:  Driver License  MC Only  
Endorsements:  Motorcycle

Restrictions:

<input type="checkbox"/> CL - Corrective Lenses	<input type="checkbox"/> NW - No Inclement Weather	<input type="checkbox"/> SC - To/From School	<input type="checkbox"/> VM - Valid in MT only
<input type="checkbox"/> LM - Left Outside Mirror	<input type="checkbox"/> RS - 45-55 MPH	<input type="checkbox"/> BU - To/From Bus	<input type="checkbox"/> Other (specify): _____
<input type="checkbox"/> RL - First-Year Restricted	<input type="checkbox"/> NI - No Interstate	<input type="checkbox"/> RA - Restricted Area	
<input type="checkbox"/> DO - Daylight Only	<input type="checkbox"/> AT - Automatic Transmission Only	<input type="checkbox"/> EO - Essential Only	

Examiner: \_\_\_\_\_ Date: \_\_\_\_\_

DRIVING TEST:

Vehicle License No.: \_\_\_\_\_ Insurance Exp.: \_\_\_\_\_ Condition:  Good  Fair  Poor

Defective Equipment: \_\_\_\_\_ Location: \_\_\_\_\_

Turns

	1	2	3
R I G H T	Signal <input type="checkbox"/>	Speed <input type="checkbox"/>	Lane <input type="checkbox"/>
L E F T	Signal <input type="checkbox"/>	Speed <input type="checkbox"/>	Wheel Straight <input type="checkbox"/>

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"/>	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"/>
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Skill Test

Backing <input type="checkbox"/>	Parallel Parking <input type="checkbox"/>
Driving	1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup>
Test Score	
Examiner	
Date	
Successful <input type="checkbox"/>	Unsuccessful <input type="checkbox"/>

GENERAL DRIVING BEHAVIOR:

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

Remarks or Restrictions: \_\_\_\_\_

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# What's coming: 2016 and beyond

- Debit/credit cards
- MVD supplied parent handout for teachers
- Online renewals
- Online training for staff (Moodle)
- Driver Modernization (on-going)
- Legislative changes
- Parent night
- Potential special service days

# CDTP Best Practices

- Paperwork
  - Legal document
  - Complete
  - Law enforcement verification
- Timeliness
  - 3 days after written test
  - TEDRS 10 days after class completion
- Foreign National
  - Students must be actively enrolled in school
- TEDRS updated
- Unique situations
  - No birth certificate, adoption, family circumstances, medical situations
- Vision Screening
  - With or without corrective lenses
- Drives Waived
  - 10% Random audit
- Requesting Supplies
  - Both pieces of applications



# Who to Contact – Regional Managers

- **Eastern Region**

**LaNette Simonton** (Glendive)

[Lsimonton@mt.gov](mailto:Lsimonton@mt.gov)

W: 406-365-5122

C: 406-941-2301

- **Central Region**

**Victoria Gambrel** (Billings)

[vgambrel@mt.gov](mailto:vgambrel@mt.gov)

W: 406-896-4329

C: 406-702-0696

- **Northern Region**

**Jennifer Anderson** (Great Falls)

[Jenanderson@mt.gov](mailto:Jenanderson@mt.gov)

W: 406-727-1198

C: 406-750-9842

- **Western Region**

**Terry Davis** (Kalispell)

[Tedavis@mt.gov](mailto:Tedavis@mt.gov)

W: 406-257-2148

C: 406-270-1854

# Who to Contact - DSB Headquarters (Helena)

- **Deputy Bureau Chief**

**Tammy Stefanik**

[Tstefanik@mt.gov](mailto:Tstefanik@mt.gov)

W: 406-444-1779

C: 406-438-6485

**Deputy Bureau Chief**

**Patrick McJannet**

[pmcjannet@mt.gov](mailto:pmcjannet@mt.gov)

W: 406-444-2001

C: 406-438-6809

- **Bureau Chief**

**Michele Snowberger**

[Msnowberger@mt.gov](mailto:Msnowberger@mt.gov)

W: 406-444-1776

C: 406-437-3433

# Questions?

