



ADULT APPLICANT WITHOUT AN ESTABLISHED AND NIGHTTIME RESIDENCE

NOTE: This form is not for an applicant seeking an initial operator license, an initial instruction permit, or a Real ID.

SECTION 1: APPLICANT INFORMATION (Print.)

Full Legal Name
DOB: MM / DD / YYYY

SECTION 2: ORGANIZATION INFORMATION (Print.)

According to our records, I [Printed Name of Attester],
as representative of the [Printed Name of Agency],
attest that the person listed above (applicant) does not have an established and nighttime residence.

This applicant is working to obtain proper identification. Our agency, which is located in the state of Kentucky,
is providing treatment or services to this applicant. The applicant is approved to receive mail at the following address:

Street Address Apt # City State Zip Code

SECTION 3: IDENTIFICATION TYPE (Select the item you wish to purchase.)

My agency confirms the debit card on file with the Kentucky Transportation Cabinet (KYTC), [Last 4 Digits of Card],
may be charged the assigned cost and applicable processing fee to provide this applicant the appropriate credential
selected below.

(Check only one.)

- State ID for homeless individual (Free)
Personal ID for individual who is not homeless* (\$11.50 plus 1.5% debit card processing fee)
Renewal Driver's license for individual (\$21.50 plus \$1.5% debit card processing fee)
Duplicate ID/DL for an individual who is not homeless* and has lost their card, and the card is not within
six (6) months of the expiration date (\$15.00 plus 1.5% debit card processing fee)

*Indicates an individual who has a temporary address at a public shelter or other comparable facility

SECTION 4: CERTIFICATION

I certify this request is true and accurate to the best of my knowledge and ability. I understand the request may be
denied or revoked by KYTC for violations or false statements.

ATTESTER SIGNATURE DATE