



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.)*

_____ **DOB:** ____ / ____ / ____
Full Legal Name 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:

_____ 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.

_____ DATE
ATTESTER SIGNATURE