



**NEW SYSTEM APPLICATION FOR RENEWAL OR DUPLICATE LICENSE BY MAIL
 (MILITARY PERSONNEL & MILITARY DEPENDENTS ONLY)**

KRS 186.416 STATES IN PART: IF A CITIZEN OF THE COMMONWEALTH CURRENTLY SERVING IN THE UNITED STATES MILITARY IS STATIONED OR ASSIGNED TO A BASE OR OTHER LOCATION OUTSIDE THE BOUNDARIES OF THE COMMONWEALTH, THE CITIZEN MAY RENEW A CLASS (D) OPERATOR'S LICENSE ISSUED UNDER THIS SECTION BY MAIL.

NOTE: A RENEWAL REQUEST CANNOT BE GRANTED IF THE EXPIRATION DATE ON THE CURRENT LICENSE IS MORE THAN SIX MONTHS FROM THE DATE OF REQUEST.

CLASS A, B, OR C LICENSES (CDL) CANNOT BE RENEWED BY MAIL.

THIS APPLICATION IS FOR: DUPLICATE LICENSE RENEWAL LICENSE

IF THIS APPLICATION IS FOR A DUPLICATE, I CERTIFY THAT MY LICENSE WAS LOST, TAKEN, OR DESTROYED THROUGH NO EFFORT ON MY PART.

SECTION 1: APPLICANT INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME	MAIDEN NAME	DATE OF BIRTH (mm/dd/yyyy) / /
KENTUCKY ADDRESS/HOR* (required)	CITY		STATE	ZIP
COUNTY	EMAIL		CELL PHONE # () -	
LICENSE # OR LAST 4 DIGITS of SSN	HEIGHT ____ Feet ____ inches	WEIGHT ____ lbs.	EYE COLOR	

SECTION 2: FEES & REQUIREMENTS

FEE SCHEDULE

<u>Class/Type License</u>	<u>Renewal Term</u>	<u>Fee</u>
D (Operator)	8 YEARS	\$43.00
E (Moped)	8 YEARS	\$43.00
M (Motorcycle)	8 YEARS	\$43.00
D & M (Operator & Motorcycle)	8 YEARS	\$53.00
Duplicate	Remainder of original-issue term	\$15.00

REQUIREMENTS FOR MILITARY PERSONNEL AND MILITARY DEPENDENTS TO RENEW BY MAIL:

- MUST BE STATIONED OUTSIDE THE STATE OF KENTUCKY. WHERE STATIONED? _____
CURRENT MAILING ADDRESS: _____
- A CERTIFIED OR NOTARIZED COPY OF EXPIRED OR SOON-TO-BE EXPIRED KENTUCKY DRIVER'S LICENSE IF APPLYING FOR A RENEWAL.
- A CERTIFIED OR NOTARIZED COPY OF THE MILITARY ID CARD, OR MILITARY DEPENDENT CARD, OR A WRITTEN STATEMENT FROM THE COMMANDING OFFICER CERTIFYING THE STATUS OF THE SOLDIER OR DEPENDENT.
- A CERTIFIED OR NOTARIZED COPY OF THIS COMPLETED FORM.
- ANSWER THE QUESTIONS AND SIGN YOUR NAME ON THE ATTACHED SIGNATURE CARD.

THE REQUESTED LICENSE IS NOT FOR FEDERAL IDENTIFICATION PURPOSES.

INSTRUCTIONS: Return this form, the above requirements, the appropriate fee (see Fee Schedule, above) and proof of current mailing address to the Division of Driver Licensing.

Mail to Division of Driver Licensing, 200 Mero St., Frankfort, KY 40622. Visit our website at drive.ky.gov for a list of valid proof of address documents and for additional information.

*HOR = Home of Record

Kentucky Driver License Application

Please Circle **Yes** or **No**

- 1. Are you a U.S. Citizen? **Yes** **No**
- 1a. If you are not a U.S. Citizen, are you a Permanent Resident? **Yes** **No**
- 2. Have you suffered a seizure or blackout within the past 90 days? **Yes** **No**

If **yes**, please fill in date of last seizure.

<small>M</small>	<small>M</small>	<small>Day</small>	<small>Day</small>	<small>Yr</small>	<small>Yr</small>

Date of Last Seizure

- 3. Is your driving privilege suspended or revoked in any state or jurisdiction? **Yes** **No**
- 4. Do you have any physical/mental impairments that affect your driving abilities or have you had a blackout within the past 3 years? **Yes** **No**
- 5. If applying for a duplicate KY license or KY ID card, was said license or ID card lost or stolen? **Yes** **No**
- 6. Do you currently have a license or identification card from another state or jurisdiction? **Yes** **No**

I affirm that I am the person named and described in the KY Drivers Licensing Information System and the statements provided in this application and to the licensing officials are true and correct. I understand that misrepresentation in the licensing process can result in criminal and civil penalties under state and federal law.

Please sign in box with black ink