



DRIVER LICENSE/ID CARD RENEWAL OR REPLACEMENT

NOTE: This form is not for current CDL holders, non-US Citizens, military renewals/duplicates by mail (TC 94-28 form), new Real ID applicants, first time drivers, or applicants who are suspended or require testing (driver or vision).

SECTION 1: IDENTIFICATION *(Select the item you wish to purchase.)*

1. Duplicate or Replacement: Driver License or ID Card (\$15.00)

- Replace a lost or stolen card
- Address change- If change in address, must provide one (1) proof of address postmarked within a year. Proofs of address include utility bill, rental lease, bank statement, etc. (See <https://drive.ky.gov/Pages/IDocument-Guide.aspx>.)
- Name change- If name change, must provide proof of name change (certified marriage certificate, certified divorce decree, certified legal name change order, valid military ID) AND social security card with current name.

2. Renew 4-year Standard Credential: *Expiration date on current license must be within 6 months.*

- Driver License (\$21.50) ID Card (\$11.50) Combination Motorcycle & Operator License (\$26.50)

3. Renew 8-year Standard Credential: *Expiration date on current license must be within 6 months.*

- Driver License (\$43.00) ID Card (\$23.00) Combination Motorcycle & Operator License (\$53.00)

4. Renew 4-year Real ID (only available for current Real ID holders): *Expiration date on current license must be within 6 months.*

- Driver License (\$24.00) ID Card (\$14.00) Combination Motorcycle & Operator License (\$29.00)

5. Renew 8-year Real ID (only available for current Real ID holders): *Expiration date on current license must be within 6 months.*

- Driver License (\$48.00) ID Card (\$28.00) Combination Motorcycle & Operator License (\$58.00)

SECTION 2: APPLICANT INFORMATION *(Print.)*

FULL LEGAL NAME	PREVIOUS LEGAL NAME <i>(if name change)</i>
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EMAIL	CELL PHONE #
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I agree to receive email or text messages concerning KYTC Driver Licensing notifications.

STREET ADDRESS	CITY	STATE	ZIP
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MAILING ADDRESS <i>(if different than street address)</i>	CITY	STATE	ZIP
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DATE OF BIRTH <i>(mm/dd/yyyy)</i>	DRIVER LICENSE #/SSN # <i>(last 4 digits of SSN)</i>	EXPIRATION <i>(mm/dd/yyyy)</i>
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SECTION 3: PAYMENT INFORMATION *(Print.)*

Would you like to donate to the Trust for Life Organ Donation Program? No \$2 \$5 \$10 \$25

To join the Trust for Life Organ Donor registry, go to: <https://donatelifeky.org/partners/trust-for-life/>

Form of Payment: Debit Credit Card *(A processing fee of 1.5% for debit and 2.75% for credit will be applied.)*

check *(Make checks payable to Kentucky State Treasurer.)* money order cash

If paying with a debit/credit card, please provide the following information:

NAME ON CARD <i>(exactly as it appears)</i>	CARD #	EXPIRATION <i>(mm/yy)</i>	SECURITY # <i>(3 digits on back)</i>
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SECTION 4: APPLICANT STATUS

1.	Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, are you a Permanent Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Have you suffered a seizure or blackout within the past 90 days? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the date of your last seizure. ___ / ___ / ____ MM DD YYYY	
3.	Is your driving privilege suspended or revoked in any state or jurisdiction? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4.	Do you have any physical/mental impairments that affect your driving abilities, or have you had a blackout within the past three (3) years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
5.	If applying for a duplicate KY license or KY ID card, was said license or ID card lost or stolen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6.	Do you currently have a license or identification card from another state or jurisdiction? <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION 5: APPLICANT ATTESTATION & SIGNATURE

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 to the best of my knowledge. I understand that misrepresentation in the licensing process can result in criminal and civil penalties under state and federal law.

Please sign inside the box below.

APPLICANT SIGNATURE (Sign in black ink only.)

_____ **DATE**

INSTRUCTIONS:

Submit this completed application and payment by mail or drop box located at the below address:
Kentucky Transportation Cabinet, Division of Driver Licensing at 200 Mero Street, Frankfort KY 40622.

Forms that are incomplete, unsigned, or submitted without payment will not be processed.

If you have questions or need assistance with this form, please call (502) 564-1257.

If you would like to register to vote, please visit <https://vrsws.sos.ky.gov/ovrweb/>.