KENTUCKY TRANSPORTATION CABINET
Department of Vehicle Regulation
DIVISION OF DRIVER LICENSING

TC 94-192
Rev. 10/2021

DRIVER LICENSE/ID CARD RENEWAL

NOTE: This form does not apply to CDL licenses, non-US citizens, or applicants who require testing (driver or vision).

SECTION 1: APPLICANT INFORMATION

FULL LEGAL NAME (*Print*)	**EMAIL**	**CELL PHONE #**	

☐ **I agree to receive email or text messages concerning KYTC Driver Licensing notifications.**

STREET ADDRESS	**CITY**	**STATE**	**ZIP**
MAILING ADDRESS (*if different from street address*)	**CITY**	**STATE**	**ZIP**

If change in address, please provide 1 proof of address postmarked within a year. Proofs of address include *home utility bill, rental agreement, bank statement, phone bill, etc.* See IDOCUMENT GUIDE for complete list of documents.

DATE OF BIRTH (*mm/dd/yyyy*)	**DRIVER LICENSE #/SSN #** (*last 4 digits of SSN*)	**EXPIRATION** (*mm/dd/yyyy*)

SECTION 2: ITEM & PAYMENT INFORMATION

(*Select the item you wish to renew.*) *Only 4-year renewals are available via mail-in renewal at this time.*
Testing is required if any Driver/Operator License has been expired for longer than one (1) year.

☐ Standard Driver License ($21.50) ☐ Standard Combination Motorcycle & Operator License ($26.50)
☐ Standard ID Card ($11.50) ☐ Standard or Real ID Duplicate/Replacement ($15.00)-new address documentation required
☐ REAL ID Driver License ($24.00) - only applicable to current REAL ID Driver License holders
☐ REAL ID Identification Card ($14.00) - only applicable to current REAL ID Identification Card holders
☐ REAL ID Combination Motorcycle & Operator License ($29.00) - only applicable to current REAL ID Combination Motorcycle & Operator License holders

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

Form of payment: ☐ cash ☐ money order ☐ check (*Make checks payable to Kentucky State Treasurer.*)
☐ debit/credit card (A processing fee of 1.5% for debit and 2.75% for credit will be added.)

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

NAME ON CARD (*exactly as it appears*)	**CARD #**	**EXPIRATION** (*mm/yy*)	**SECURITY CODE** (*3 digits on back*)

SECTION 3: APPLICANT STATUS QUESTIONS

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, provide the date of your last seizure. _____ / _____ / _____
MM DD YYYY

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 three (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

SECTION 4: 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.

_____ _____
APPLICANT SIGNATURE (*Sign in black ink or type name.*) **DATE**

INSTRUCTIONS: Submit this application and payment by mail or drop box located at the below address, or email application and payment information to KYTC.DDLLicenseRenewal@ky.gov.
Mail and drop box address: Kentucky Transportation Cabinet, Division of Driver Licensing, 200 Mero Street, Frankfort KY 40602
If you have questions or need assistance with this form please call (502) 564-1257 or email KYTC.DDLLicenseRenewal@ky.gov.