

## KENTUCKY TRANSPORTATION CABINET Department of Vehicle Regulation DIVISION OF DRIVER LICENSING

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## DRIVER LICENSE/ID CARD RENEWAL OR REPLACEMENT

NOTE: This form is not for CDL holders, non-US Citizens, or military renewals/duplicates by mail (TC 94-28 form).

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 <a href="https://drive.ky.gov/Pages/IDocument-Guide.aspx.">https://drive.ky.gov/Pages/IDocument-Guide.aspx.</a> )						
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)						
6. Renew 4-year Child ID: (available for children 2-15 years of age) ☐ Standard ID (\$6.00) ☐ Real ID ID (\$6.00)						
Effective January 1, 2025: Applications to renew a Driver License or Motorcycle License must be accompanied by a completed Vision Screening form (TC 94-202) signed by a vision specialist or a KYTC credentialed medical specialist in the last 365 days.						
SECTION 2: APPLICANT INFORMATION (Print.)						
FULL LEGAL NAME P			PREVIOUS LEGAL NAME (if name change)			
EMAIL CEL			ELL PHONE #			
☐ I agree to receive email or text messages concerning KYTC Driver Licensing notifications.						
STREET ADDRESS		CITY		STATE	ZIP	
MAILING ADDRESS (if different than street address)		CITY		STATE	ZIP	
DATE OF BIRTH (mm/dd/yyyy)  DRIVER LICENSE #/SSN #			last 4 digits of SSN)	EXPIRATIO	<b>N</b> (mm/dd/yyyy)	
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: <a href="https://donatelifeky.org/partners/trust-for-life/">https://donatelifeky.org/partners/trust-for-life/</a>						
Form of Payment: Debit Credit Card (A processing fee of 1.5% for debit and 2.75% for credit will be applied.)						
□check ( <i>Make checks payable to Kentucky State Treasurer</i> .) □ money order □ cash						
If paying with a debit/credit card, please provide the following information:  NAME ON CARD (exactly as it appears)   CARD #   EXPIRATION (mm/yy)   SECURITY # (3 digits on back)						
NAINE ON CARD (exactly as it appears)	CARD#		EXPIRATION (mm/yy)	SECURITY	# (3 digits on back)	



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SECTION 4: APPLICANT STATUS					
Are you a U.S. citizen?					
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					
<b>3.</b> Is your driving privilege suspended or revoked in any state or jurisdiction? ☐ Yes ☐ No					
<b>4.</b> 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?					
<b>6.</b> Do you currently have a license or identification card from another state or jurisdiction?					
SECTION 5: APPLICANT ATTESTATION & SIGNATURE					
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 (if renewing on January 1, 2025 or later, also include the completed and signed TC 94-202 (Vision Screening Form) 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 <a href="https://vrsws.sos.ky.gov/ovrweb/">https://vrsws.sos.ky.gov/ovrweb/</a> .					