

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 <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)
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	PREVIOUS LEGAL NAME <i>(if name change)</i>
EMAIL	CELL PHONE #

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

STREET ADDRESS	CITY	STATE	ZIP
MAILING ADDRESS <i>(if different than street address)</i>	CITY	STATE	ZIP

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://donatelife.ky.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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