



**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 HAS BEEN EXPIRED FOR MORE THAN 5 YEARS OR HAS BEEN TRANSFERRED TO ANOTHER STATE.

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

THIS APPLICATION IS FOR DUPLICATE LICENSE RENEWAL LICENSE ADD A MOTORCYCLE CLASS (Must provide all applicable documents, along with **motorcycle safety course or military instruction waiver**, to take WRITTEN TEST.)

If name changed, 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.

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		EYE COLOR	

SECTION 2: FEES & REQUIREMENTS

<u>FEE SCHEDULE</u>				<i>(If current Real ID holder)</i>
<u>Class/Type License</u>	<u>Renewal Term</u>	<u>Standard Fee</u>	<u>Real ID Fee</u>	
D (Operator)	8 YEARS	\$43.00	\$48.00	
E (Moped)	8 YEARS	\$43.00	\$48.00	
M (Motorcycle)	8 YEARS	\$43.00	\$48.00	
D & M (Operator & Motorcycle)	8 YEARS	\$53.00	\$58.00	
Duplicate	Remainder of original-issue term	\$15.00		
Add Motorcycle class	Remainder of original-issue term	\$15.00 or applicable renewal fee (above)		

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

1. APPLICANT MUST BE STATIONED OUTSIDE THE STATE OF KENTUCKY. WHERE STATIONED? _____
 CURRENT MAILING ADDRESS: _____
2. APPLICANT MUST PROVIDE ALL REQUESTED INFORMATION AND SIGN NAME ON PAGE 2.

REQUIRED DOCUMENTS:

1. CERTIFIED OR NOTARIZED COPY OF THE MILITARY ID CARD, OR A MILITARY DEPENDENT CARD, OR A WRITTEN STATEMENT FROM THE COMMANDING OFFICER CERTIFYING THE STATUS OF THE SOLDIER OR DEPENDENT
2. CERTIFIED OR NOTARIZED COPY OF EXPIRED OR SOON-TO-BE EXPIRED KENTUCKY DRIVER LICENSE, IF APPLYING FOR A RENEWAL

INSTRUCTIONS: Return a **notarized** copy of this completed form along with the required documents listed above (see Section 2), the appropriate fee (see Fee Schedule), and proof of current mailing address.

Mail to: Division of Driver Licensing, 200 Mero St., Frankfort, KY 40622, or **email to:** KYTC.MilitaryRen@ky.gov

Visit our website at drive.ky.gov for a list of valid proof-of-address documents and for additional information.

*HOR = Home of Record



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

SECTION 3: PAYMENT INFORMATION

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, got to: <https://donatelife.ky.org/partners/trust-for-life>

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: (Print.)

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

SECTION 4: APPLICANT STATUS

1. Are you a U.S. citizen? Yes No If no, 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 5: APPLICANT ATTESTATION & SIGNATURE

I affirm that I am the person named and described in the KY Driver 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/>.