**Phone:** (573) 526-2407 **Fax:** (573) 522-8174

 $\textbf{Email: } \underline{\textbf{dlbmail@dor.mo.gov}}$ 

4317	. Liconico / ippiicati	<del></del>							_	Use Only	
ou may qualify to renew your driver	license or obtain a dunlicate	driver licens	so if w	ou are active	a duty n	nilitany ner	connel or	denender	Renewal	Duplicate	
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Complete both sides of this appl ast Name	ication and answer all q		<b>nat ap</b> Middle	. , ,		Sex		Missouri	Driver License Nur	mber	
						Male	Female				
lissouri Street Address (No PO Boxes)	*Required Field	City			State		ZIP Code		County		
emporary Mailing Address * Required I	Field	City			State o	r Country	ZIP Code	e	When will you retur	n to Missouri?	
	ast 4 Digits of Social Security Number	Date of Birth	PI	ace of Birth	(Optiona	l) Height	Weight	Eye Cold	Select One Military	Military Depende	ent
-Mail Address	Phone Number	Mobile $\square$	Home	Other	☐ Yes				ons from the Depart lress as provided du		
elect the type of license you currently h	nold. (Select only one) *Requir	red Field		_		-		-	name is invalid with		?
Class A Class B Class C	Class E Class F	Class M		∕es ∏ No					n card issued in any this application.	other U.S.	
You are required to answer bo Are you registered to vote at you Do you wish to register to vote o If you are registered to vote at you The office where the registration ap The following attestation applies to I swear under penalty of perjury t not legally entitled to register, I ar \$10,000 or by both such imprisor Certain information provided on t The address change you submitt	r current address?  r update your voter registratio our current address, but would plication was submitted and you persons submitting a new or upo hat all statements made on the n committing a class one elect	Yes  n application like to upda r decision of v dated voter reg is card are tre	te your whether gistration ue to th	or not to region application ne best of my	ster will as part c knowle	stration information information in the strategy of this licensed due to the strategy of the s	idential and transaction	d will be us n. erstand th	sed for voter registrati	on purposes only. e knowing that I a	am
Certain information provided on t The address change you submitt Your signature serves as an attes 1. I am a U.S. Citizen. 2. I am a Missouri resident. 3. I am at least 17 1/2 years of ag	ed will be used to update your station under penalty of perjur 4. I hav 5. I am	voter registry that all of the not been ad not confined	ration ir ne follo djudge under	nformation un wing required incapacitate a sentence o	nless you ments ha ed by a of f impriso	u opt out by ave been n court of law onment.	, checking net: . 7. I ha cor	this box.	Opt-Out  en convicted of a felo ith the right to suffra	•	nor
Non-excepted Intrastate - (certificate, and any applicable     Excepted Interstate - (EI) Olya 390.3(f), 391.2, 391.68, or 39 of Revenue's website at dor     Excepted Intrastate - (EA) Olya of Missouri's medical requirer on or before May 13, 1988.)   Have you been licensed in a	tion they drive in or expect to nterstate" or "non-excepted intras g status is-check only one box II) Operates or expects to opera I examiner's certificate by 49 C NA) Operates only in intrastat e waiver, must be submitted was to the contract of th	drive in with state" below <u>n</u> below: (Sel ate in intersta FR 391.45. (i.e. commerce with this form in interstate of di-medical-or in intrastate dfather exem 10 years?	their Conust als lecting the comment of the comment	DL.  so submit a commerce and is the medical example and the required to the rece, but engants certificate ation.  erce, but engular erce, erce, erce, but engular erce,	current rene box versubject subject su	nedical exa vill delay po to and mee certificate, a ssouri's cu clusively in CFR 391.45 clusively in ates solely	miner's ce rocessing of ts the quali- and any ap- rrent medion transporta . These e transporta n intrastato	ertificate, and this formation replicable work call require tion or operation or op	and any applicable wm.) equirements under 49 aiver, must be submements. (Current merations excepted up are listed in detail derations that are excepted and had a valid of	aivers, with this for O CFR part 391, a itted with this form redical examiner. Inder 49 CFR on the Department	mm. and n.) s
Do you wish to add or retain a bodriver license? Boating Safety Education Control N	Selective Service? Yes  Identification Dater identification indicator to Yes  Number Yes	s No No your	gnature *(Required)	including r	ny resid rue and	der penalty ential addr accurate. (	ess furnish Signature in the box	t, that all interpretation, that all interpretation, that all interpretation, the control of the	ure Only Information regardin ant to Sections 302 centered in the box ■ Black ink only.	.171 and 302.181	
Do you wish to add or retain a Vel  If yes, acceptable discharge docu  lail to: Driver License Bureau/A PO Box 200 Jefferson City, MO 6510	Yes ument must be submitted.	5	Applicant's Signature	Signature Box							Signature Box

 $\label{thm:constraint} \mbox{Visit $\underline{\mbox{dor.mo.gov/driver-license/}}$ for additional information.}$ 

	Permanent Disability		Appropriate Card type Card Nun Name on Expiration A conven	☐ Check ☐ N	Noney Order 🔳 Credit Card				
S	Do you wish to add or retain a permanent disability indicator to	to your driver license? TYes N	If you are	paying by credit car	d you must include the following:				
on	Blindness Awareness Fu	und	Card type	e:					
tati	Would you like to donate a dollar to the Blindness Awarenes	ss Program?	Discov		☐ American Express ☐ Visa				
Š	DHH		Gord Nun	<del>-</del>	CVV				
_ •ŏ	Are you deaf or hard of hearing, and wish to add the "DHH" notati	tion to your driver license?	No is Card Null						
License Indicators & Notations	Are you deal of hard of healing, and wish to add the Drift hotal		Name on	Card:					
atc	Organ Donor		Expiration	n Date: (MM/YY)	_/				
<u>:</u>	Please refer to donatelifemissouri.org/ regarding the F	First Person Consent Organ, Ev	e.   💆   A conven	ience fee will be cha	rged for credit or debit card transaction				
<u>=</u>	and Tissue donor registry prior to answering the following qu	n active duty in	the United States Armed Forces						
Se	Would you like to donate to the Organ Donor Fund?   Yes	s 🗖 No			the United States Armed Forces ee the services and benefits DOR offers				
ë	If yes, enter donation amount (minimum of \$1.) \$				mplete the survey at mvc.dps.mo.gov/				
Ĕ	Do you consent to be listed in the Donor Registry System as		MoVeteransInfo		R to receive information from the Missou				
	tissue donor?  Do you authorize the Organ Donor symbol to be placed on yo	Yes N		ssion. A list of all sta	te agency resources and benefits can be				
	Bo you authorize the Organ Borior symbol to be placed on you	——————————————————————————————————————	found at veteran	benefits.mo.gov/sta	te-benefits/.				
	Must be completed by applicant								
	In the past 6 months have you had:	Do you wish to	add or retain a medi	cal notation to your	driver license?				
ल	1	I -			n's Statement (Form 5839):				
Medical	_	_			diovascular Disease				
¥	_								
	<u> </u>		_ •	Stress Disorder Schizophrenia					
	3 11			<b>D</b>					
	20.71. 20. 11. 11. 11. 11.		BRIDE D	I I I BRITTI B	1 ( 0 1 )				
	Mail-in Driver License Application ar	•	•	*	•				
Ple	ease read <u>all</u> instructions before completing the form. You	ur mail-in license application w	II be processed wit	hin 7-10 days from	the date it is received in our office.				
Thi	is form is <u>not</u> for use by Missouri drivers who are current	tly in the State of Missouri.							
Thi	is form is also <u>not</u> valid to renew or replace a "valid witho	out photo" (VWP) driver license	, except for active of	duty U.S. military p	ersonnel. REAL ID Information:				
* R	equests for issuance of an initial REAL ID-compliant doc	ument must be completed in p	erson.						
* Y	ou may be issued a REAL ID-compliant license by mail if	your current license was issue	d in-person and yo	u were issued a RE	AL ID-compliant card.				
Inc	omplete applications will not be accepted. You must sub	omit the following:							
	Proof of Military Active Duty or Dependent Status (such a								
	current military status) - Required for ALL applicants. Note: The	9 ,							
	military applicants, if your current license is more than 184 day								
	Proof of Identity, Lawful Status, Social Security Number (Seach of the defined categories in the acceptable documents for a	· · · · · · · · · · · · · · · · · · ·							
	issuance/required-documents-checklist.html. Application fo								
	current document is REAL ID-compliant) and proof of mailing ac	·		*	,				
	may be required if the name on the application or identity verif		•	-					
	this application only and will not be retained for future notice D		·						
	card may also be found on-line at dor.mo.gov. An interactive	e guide of acceptable documents f	or renewal of a REAL	. ID-compliant card m	nay also be found on-line at dor.mo.gov				
	driver-license/issuance/real-id/interactive-guide.html	ant may be made by a LLC cooki	w'a abaak waaway ayd		avannal abank av avadit anval Maka aban				
	Appropriate License Fee - Required for all applicants. Payme or money order payable to Missouri Department of Revenue. If								
	your driver license is within six months of expiring when the ma								
		Class F or M = \$27.00	Class E = 9		ewal.				
	Renewal driver license (Age 21-69) Renewal driver license (All other ages)			42.00					
	Renewal driver license (Age 21-69)	Class F or $M = $27.00$	Class E = S	\$42.00 \$21.00	ewal. Class A, B, or C = \$52.00				
	<ul> <li>Renewal driver license (Age 21-69)</li> <li>Renewal driver license (All other ages)</li> <li>Duplicate of a 6-year driver license</li> <li>Duplicate of a 3-year driver license</li> </ul>	Class F or M = $$27.00$ Class F or M = $$13.50$	Class E = 9 Class E = 9	\$42.00 \$21.00 \$27.00	ewal. Class A, B, or C = \$52.00 Class A, B, or C = \$26.00				
	<ul> <li>Renewal driver license (Age 21-69)</li> <li>Renewal driver license (All other ages)</li> <li>Duplicate of a 6-year driver license</li> <li>Duplicate of a 3-year driver license (Under 21 or 70 and older)</li> </ul>	Class F or M = \$27.00 Class F or M = \$13.50 Class F or M = \$19.50 Class F or M = \$13.50	Class E = 9 Class E = 9 Class E = 9 Class E = 9	\$42.00 \$21.00 \$27.00 \$21.00	ewal. Class A, B, or C = \$52.00 Class A, B, or C = \$26.00 Class A, B, or C = \$32.00 Class A, B, or C = \$26.00				
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The completed and signed application form, along with all required supporting documents required may be scanned and sent via email or submitted by fax or mail. Applications submitted without all required data and responses, or without the required supporting documents will not be processed.

the indicator on your new or renewal document. A new physician's statement is not required to retain prior indicator.