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

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

4317	3			<del></del>							_	Use Only	
You may qualify (	to renew your driver	license or	obtain a duplicat	e driver licer	nse if v	ou are active	e dutv r	nilitary per	sonnel or	depender	Renewal	Duplicate	
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Supervise Superv			City			State		ZIF Code		County			
emporary Mailing Address * Required Field			City			State or Country		ZIP Code	е	When will you return to Missouri?			
Mail-to Address  Out of State		Last 4 Digit Social Sec	s of urity Number	Date of Birth	r F	Place of Birth	(Optiona	al) Height	Weight	Eye Colo	Select One Military	Military Depend	dent
Mail Address Phone Number Mobile Home Other Symbol I consent to receive notifications from the Department of Revenue by phone, text, or email address as provided during this application.													
elect the type of I	elect the type of license you currently hold. (Select only one) *Required Field  Do you understand that any other driver license in your name is invalid with this application?  Yes No Any license, permit or identification card issued in any other U.S.											1?	
Class A C	Class B Class C	Clas	s E Class F	Class N		163 🗍 10					this application.	y other 0.5.	
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Do you wish driver licens Boating Safe	h to add or retain a b se? ety Education Control	Selective Solution Identific poater ident Number  Veteran	Service? Yeation iffication indicator to	es No	ignature *(Required)	including r	my resid rue and	der penalty ential addr accurate. (	of perjury ess furnish Signature	r, that all ined pursumust be o	ure Only  nformation regardir ant to Sections 302 centered in the box  Black ink only.	2.171 and 302.18	
l <b>ail to:</b> Drive	eptable discharge doc er License Bureau/ Box 200 erson City, MO 651	Attention	Yest be submitted.	98	Applicant's Signature	Signature Box							Signature Box

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

				_					
	Permanent Disability			The substitution of the su	Check  Money Order	Credit Card			
S	Do you wish to add or retain a permanent disability indicator to	your driver license? [	☐ Yes ☐ No	If you are paying	ng by credit card you must i	nclude the following:			
on	Blindness Awareness Fun	nd		Card type:					
tati	Would you like to donate a dollar to the Blindness Awareness	Discover	☐ Mastercard ☐ Americ	an Express					
Š	DHH	] Yes ☐ No	Cord Number:		CVV				
_ •ŏ	Are you deaf or hard of hearing, and wish to add the "DHH" notation	on to vour driver license	2 TYes TNo	card Number.					
License Indicators & Notations	Are you dear of flare of flearing, and wish to add the Drift floration	on to your unver license	:	Name on Card	:				
atc	Organ Donor			Expiration Date	e: (MM/YY) /				
<u>:</u>	Please refer to donatelifemissouri.org/ regarding the Fire	rst Person Consent	Organ, Eve.	A convenience	fee will be charged for cred	dit or debit card transactions.			
<u>=</u>	and Tissue donor registry prior to answering the following que		3.7 , , , , ,	Ever corred on ac	tivo duty in the United	States Armed Foress?			
Se	Would you like to donate to the Organ Donor Fund?	□No			v/military/ to see the service	States Armed Forces?			
ë	If yes, enter donation amount (minimum of \$1.) \$	_		• •	dividuals, or complete the s				
Ĕ	Do you consent to be listed in the Donor Registry System as					information from the Missour			
	tissue donor?  Do you authorize the Organ Donor symbol to be placed on you		] Yes ☐ No	Veterans Commission	. A list of all state agency res	sources and benefits can be			
	Do you authorize the Organ Donor Symbol to be placed on you	in licerise or perfilt:	J 165 [] 140	found at veteranbene	fits.mo.gov/state-benefits/	<u>!</u> .			
	Must be completed by applicant								
	In the past 6 months have you had:	Do	vou wish to ado	or retain a medical n	otation to your driver license	e? ☐ Yes ☐ No			
ल			-						
Medical	Paralysis	below condition that is on the Physician's Statement (Form 5839):  De Dementia							
¥	Heart Attack, Stroke, Heart Disease	us							
		_   _		s Stress Disorder Schizophrenia					
		11 4 4 4			LARGE B. L.	0.1.)			
	Mail-in Driver License Application and	•	•			• *			
Ple	ase read <u>all</u> instructions before completing the form. Your	r mail-in license ap <sub>l</sub>	plication will be	processed within 7	-10 days from the date it i	s received in our office.			
Thi	s form is <u>not</u> for use by Missouri drivers who are currently	y in the State of Mis	ssouri.						
Thi	s form is also <u>not</u> valid to renew or replace a "valid withou	ut photo" (VWP) dri	iver license, ex	cept for active duty	U.S. military personnel. R	EAL ID Information:			
* R	equests for issuance of an initial REAL ID-compliant docu	ıment must be com	pleted in perso	n.					
* Y	ou may be issued a REAL ID-compliant license by mail if y	your current license	e was issued ir	-person and you we	re issued a REAL ID-com	pliant card.			
Inc	omplete applications will not be accepted. You must subn	nit the following:							
	Proof of Military Active Duty or Dependent Status (such as								
	current military status) - Required for ALL applicants. Note: The			•					
	military applicants, if your current license is more than 184 days								
	Proof of Identity, Lawful Status, Social Security Number (Steach of the defined categories in the acceptable documents for a								
	issuance/required-documents-checklist.html. Application for								
	current document is REAL ID-compliant) and proof of mailing add	•			*	•			
	may be required if the name on the application or identity verific				= -	_			
	this application only and will not be retained for future notice De	·		•					
	card may also be found on-line at dor.mo.gov. An interactive	guide of acceptable of	documents for re	newal of a REAL ID-c	ompliant card may also be for	ound on-line at dor.mo.gov/			
	driver-license/issuance/real-id/interactive-guide.html.	nt may be mede by a	IIC acabiaria a	h a al	volaria abaale maraanal abaa				
	Appropriate License Fee - Required for all applicants. Paymer or money order payable to Missouri Department of Revenue. If payable to Missouri Department of Revenue.			Heck, Illonev order, tra		k or gradit gard Make about			
			c by creat cara		d information section within the				
	your driver license is within six months of expiring when the mai	il-in application is rece	eived in our office	complete the credit car					
	your driver license is within six months of expiring when the mai • Renewal driver license (Age 21-69)	il-in application is rece Class F or M = \$2		complete the credit car	cessed as a renewal.	he application form. NOTE: If			
	your driver license is within six months of expiring when the mai  Renewal driver license (Age 21-69)  Renewal driver license (All other ages)		7.00	complete the credit care, the transaction is pro	cessed as a renewal. Class A, B,				
	Renewal driver license (Age 21-69)	Class F or M = \$2	7.00 3.50	complete the credit care, the transaction is pro Class E = \$42.0	cessed as a renewal. Class A, B, Class A, B,	he application form. NOTE: If 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 Class F or M = \$13	7.00 3.50 9.50	complete the credit car e, the transaction is pro Class E = \$42.0 Class E = \$21.0	cessed as a renewal.  Class A, B, Class A, B, Class A, B,	he application form. NOTE: If or $C = $52.00$ 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 = \$2° Class F or M = \$1° Class F or M = \$1° Class F or M = \$1°	7.00 3.50 9.50 3.50	complete the credit car e, the transaction is pro Class E = \$42.0 Class E = \$21.0 Class E = \$27.0 Class E = \$21.0	cessed as a renewal. Class A, B,	he application form. NOTE: If or C = \$52.00 or C = \$26.00 or C = \$32.00 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.