

# Michigan Department of State Out-of-State Resident Duplicate Driver License Application

## Applicant Instructions

Please complete all sections below and sign your name on the signature line at the bottom of this application.

Michigan Driver License Number										Date of Birth									
LICENSE TYPE (Operators/Chauffeur/Enhanced):																			
NAME (First, Middle, Last)																			
STREET ADDRESS (Michigan Residence)																			
CITY										STATE					ZIP CODE				
DAYTIME TELEPHONE NUMBER (       )										FAX NUMBER (       )									

**\*\*Applicant's Out-of-State Mailing Address\*\***

NAME (FIRST, MIDDLE, LAST)		
STREET ADDRESS (OUT-OF-STATE MAILING ADDRESS)		
CITY	STATE	ZIP CODE
EXTENSION NEEDED (Circle one) - A hard copy of your driver license will take approximately 10 business days to arrive after processing. A temporary extension provides you with something to drive on until the hard copy arrives.		
YES	NO	

**FEES DUE: Check one.**

- Operator                      \$ 9.00
- Chauffeur                        \$18.00
- Enhanced Operator            \$38.00
- Enhanced Chauffeur          \$43.00

**PAYMENT METHOD: Check one.**

- Check or Money Order payable to the State of Michigan: Mail with completed application to:  
**Michigan Department of State  
 Out-of-State Resident Services Unit  
 7064 Crouner Drive  
 Lansing, MI 48918**
- Credit Card: You may **fax** this completed application to: **517-322-5438** or mail to the address above.
  - VISA
  - MasterCard
  - Discover

Name on Credit Card (Please Print) \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ : Expiration Date: \_\_\_\_\_ / \_\_\_\_\_  
Month Year

***My signature below certifies that all statements on this application are true and correct. I certify I am a resident of the State of Michigan. If paying by credit card, my signature below authorizes the Michigan Department of State to charge my account for the duplicate driver license fee. IT IS A CRIME TO MAKE A FALSE REPRESENTATION ON AN APPLICATION FOR AN OFFICIAL STATE OF MICHIGAN DRIVER LICENSE.***

X \_\_\_\_\_ / /  
**Signature of Applicant/Card Holder** **Date**