



Out-of-State Resident Application: Duplicate Driver's License or State ID and/or Driver's License Reinstatement

Customer information:

Name (first, middle, last): _____

Driver's license or state ID number: _____ Date of birth: _____

Phone: _____ Email: _____

Michigan address: _____ City: _____ ZIP code: _____

Out of state mailing address: _____ Apt number: _____

City: _____ State: _____ ZIP code: _____

Transaction requested:

Duplicate driver's license or state ID:

A temporary license may be printed at Michigan.gov/sos up to 60 days after your request is processed.

Select one:

- Operator - \$9
- Chauffeur - \$18
- Enhanced operator - \$24
- Enhanced chauffeur - \$33
- State ID - \$10
- Enhanced state ID \$30

Driver's license reinstatement:

If a reinstatement fee is due, your current Michigan credential is not valid.

Choose below:

- Standard - \$125
- Minor in possession (MIP) - \$125
- Watercraft - \$125
- Snowmobile - \$125
- Friend of the court (compliance certificate must accompany) - \$85
- No-fee duplicate driver's license

Automatic voter registration (MI Residents only):

You will be registered to vote unless the opt-out box is selected.

To be eligible to register to vote, you must be a US citizen, at least 17.5 years old (18 years old when you vote), a MI resident (at the time you register), and a resident of your city or township for at least 30 days (when you vote). If you're already registered, checking the box won't cancel your registration or stop your registration address from being updated. Automatic voter registration does not apply for reinstatement only applications.

Are you a U.S. citizen? Yes No **Do not use my information for voter registration (opt-out)**

My signature below certifies that all statements on this application are true and correct. My signature below also authorizes the Michigan Department of State to charge my account for the applicable fees.

Applicant's signature: _____ Date: _____

Payment information: (A processing fee will be charged.)

Credit card provider: AMEX DISCOVER MASTERCARD VISA

Credit card number: _____ Total fees: _____

Cardholder name: _____ Expiration date (mm/yy): _____

Cardholder signature: _____ Cardholder billing ZIP code: _____

Please fax this application to (517) 636-5865 or mail it to: Michigan Department of State, Internal Services Section, 7064 Crowner Dr, Lansing, MI, 48918.

Please allow **five (5) business days** for processing. If after 5 business days, your card has not been charged, please contact our office at 517-636-5872. Personally identifiable information collected on this form is limited to what's needed to complete your transaction. For other ways your information may be used, visit www.Michigan.gov/sos/policies.