

# 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.

|  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |          |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|------------------------|--|--|--|--|----------|--|--|--|--|
| <b>**Michigan Driver License Number (If available)</b> |  |  |  |  |  |  |  |  |  | <b>Date of Birth**</b> |  |  |  |  |          |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |          |  |  |  |  |
| NAME (First, Middle, Last)                             |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |          |  |  |  |  |
| STREET ADDRESS (Michigan Residence)                    |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |          |  |  |  |  |
| CITY   |  |  |  |  |  |  |  |  |  | STATE<br>MI            |  |  |  |  | ZIP CODE |  |  |  |  |
| DAYTIME TELEPHONE NUMBER<br>(      )                   |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |          |  |  |  |  |

**\*\*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 4 weeks 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        \$24.00
- Enhanced Chauffeur        \$33.00

***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. IT IS A CRIME TO MAKE A FALSE REPRESENTATION ON AN APPLICATION FOR AN OFFICIAL STATE OF MICHIGAN DRIVER LICENSE.***

\*\*

X \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_  
**Signature of Applicant / Adobe software signatures are not accepted.                      Date**

**\*\*PAYMENT METHOD: Check one.**

- Check or Money Order payable to the State of Michigan: Mail with completed application to:  
**Michigan Department of State, Special Serv Branch**  
**7064 Crowner Drive**  
**Lansing, MI 48918**
- Credit Card: **You may fax this completed application to: 517-636-5865**
  - VISA      \*a nominal processing fee may be charged.
  - MasterCard
  - Discover

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

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

***My signature below authorizes the Michigan Department of State to charge my account for the duplicate driver license fee.***

X \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_  
**Signature of Card Holder / Adobe software signatures are not accepted.                      Date**