



Application to Add Veteran Designation to Driver's License or State ID Card

Military veterans who served in any branch of the U.S. armed forces and have an honorable or under honorable conditions (general) discharge may have a veteran designation printed on their Michigan driver's license or state identification card.

A copy of your DD-214 form must be included with this completed application. Other documentation may be accepted in lieu of a DD-214. More information about the veteran designation and the list of other acceptable documentation can be found at www.michigan.gov/sos.

Note: Any veteran documentation enclosed with your application will NOT be returned and will be destroyed. Photocopies of original documents are accepted.

Fees: If you are adding a veteran designation when renewing your driver's license or state ID, you will only pay the normal renewal fee. Otherwise, the [standard fee](#) or [enhanced fee](#) for a corrected license or ID card will apply.

To Add the Veteran Designation by MAIL:

Complete the order form below. If you are paying by check or money order, make it payable to **State of Michigan**. If you are paying by debit or credit card, complete the credit card section below. Mail your veteran documentation, the renewal notice (if renewing) and the completed application along with the renewal or correction payment to: **Michigan Department of State, Renewal By Mail Unit, Lansing, MI 48918**.

To Add the Veteran Designation by FAX:

If you are submitting this application by fax, you must pay by credit card. Fax your veteran documentation and the completed application to: **(517) 322-6822 - 24 hours a day, 7 days a week**.

Veteran Designation Application		
Name on Driver's License or State ID Card:	Driver's License or State ID Card Number:	
Street Address:	City:	
State:	Zip:	County:

My payment is by

MasterCard
 Visa
 Discover
 Check (enclosed)
 Money Order (enclosed)

My signature below authorizes the Michigan Department of State to charge my account.

Credit Card Number	Expiration Date	Enter Total Fees Here
<input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> - <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> \$ <input style="width: 100px; height: 25px; text-align: right;" type="text" value=".00"/>		

Please SIGN your name x _____ Date: _____

Please PRINT your name x _____ Phone #: (____) _____

