Secretary of State
Jocelyn Benson
Michigan.gov/SOS

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

Clear

Print

Applicant 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 (required unless exempt)

Out of state mailing address: _____ Apt number: _____

City: _____ State: _____ ZIP code: _____

☐ I am exempt from providing an out of state address because I am returning to Michigan within the next two weeks.

Automatic voter registration (MI residents only)

To register to vote, you must be a U.S. citizen, Michigan resident, and at least 17.5 years old. You can vote only if you are 18 and have lived in your city or township 30 days by Election Day.

Are you a U.S. citizen? ☐ Yes ☐ No

If you're eligible and check the following box, we will register you to vote. We will also register you to vote if you have already established your U.S. citizenship in a previous application with our office.

☐ **Use my information for voter registration**

Transaction type

Duplicate driver's license or state ID (select one) A temporary license may be printed at Michigan.gov/SOS up to 60 days after your request is processed.	**Driver's license reinstatement (select all that apply)** If a reinstatement fee is due, your current Michigan credential is not valid.
Operator - $9 ☐	Standard - $125 ☐
Chauffeur - $18 ☐	Minor in possession (MIP) - $125 ☐
Enhanced operator - $24 ☐	Watercraft - $125 ☐
Enhanced chauffeur - $33 ☐	Snowmobile - $125 ☐
State ID - $10 ☐	Friend of the court (compliance certificate must accompany) - $85 ☐
Enhanced state ID - $30 ☐	No-fee duplicate driver's license ☐

My signature below certifies that all statements on this application are true and correct. My signature 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 Michigan.gov/SOS/policies.