



# REQUEST FOR INTERIM / EXTENSION LICENSE

State Form 54580 (R3 / 5-16)

INDIANA BUREAU OF MOTOR VEHICLES

<p><b>Mail to:</b>  <b>INDIANA BUREAU OF MOTOR VEHICLES</b>          Credential Management          100 N. Senate Avenue, Rm N414          Indianapolis, IN 46204</p>
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<p>* This agency is requesting disclosure of your Social Security number in accordance with 140 IAC 7-1.1-3 and Indiana Code 9-24-9-2; disclosure is mandatory and this application will not be processed without it.</p>
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### INSTRUCTIONS:

1. Complete this form in blue or black ink, or print form. This request will not be processed without a signature.
2. One (1) thirty (30) day interim/extension will be issued thirty (30) days prior to your indicated "Expected Date of Return to Indiana" at no charge. Please make the appropriate selection based on circumstances.
  - Interim: if your driver's license has been lost or stolen but is NOT expired and you are at least fifty (50) miles outside the state of Indiana.
  - Extension: if your driver's license has expired and you are at least fifty (50) miles outside the state of Indiana.
3. Commercial Driver's License holder must have a valid Medical Examination Report for Commercial Driver Fitness Determination on file with the Indiana Bureau of Motor Vehicles or accompanying this form.
4. Commercial Driver's License holders with a Hazardous Materials Endorsement must have Transportation Security Administration approval that will not expire prior to the interim / extension.
5. Mail completed form to the address listed above. Your interim / extension will be mailed or emailed to you within thirty (30) days of your "Expected date of return to Indiana."
6. Interim / extensions are only valid for driving privileges and are not valid as proof of identification.
7. If you have any questions, please feel free to contact this office at (317) 234-3392.

\*\* The legal address must match the address contained in BMV records or your request will be denied.

Reason for Request:			
<input type="checkbox"/> Interim		<input type="checkbox"/> Extension	
Indiana Driver's License Number		Date of Expiration (mm/dd/yyyy)	
Legal Name As Reflected on Indiana Credential (first, middle, last)			
Indiana Legal Address (number and street)**		City	State
			ZIP Code
Last Four (4) Digits of Social Security Number *	Date of Birth (mm/dd/yyyy)	Telephone Number	
XXX-XX-			
Expected Date of Return to Indiana (mm/dd/yyyy)	E-mail Address		
Temporary Mailing Address (number and street)		City	State
			ZIP Code
<b>I swear or affirm that the information on this form is true and correct. I understand that making a false statement may constitute the crime of perjury.</b>			
Signature of Applicant		Printed Name	Date (mm/dd/yyyy)