APPLICATION FOR DRIVER'S LICENSE REINSTATEMENT

(PLEASE PRINT OR TYPE)

Clear Form

NAME (FIRST, MIDDLE, LAST)		
STREET ADDRESS		
CITY	STATE	ZIP
MAILING ADDRESS (if different from "Street Address")		
DAYTIME TELEPHONE NUMBER ( ) - EXTENSION	FAX NUMBER ( ) -	

MICHIGAN DRIVER'S LICENSE NUMBER		DATE OF BIRTH

PAYMENT METHOD (check **one**):

- ☐ **Money Order** payable to the "**State of Michigan**"
- ☐ **Check** payable to the "**State of Michigan**"
- ☐ **Credit Card** – State of Michigan only accepts Discover, MasterCard, or VISA

REINSTATEMENT FEE TYPES (check those applicable):

- ☐ Standard ($125.00)
- ☐ Minor in Possession (MIP) ($125.00)
- ☐ Drug Crime ($125.00)
- ☐ Friend of the Court (**Compliance Certificate must accompany payment**) ($85.00)
- ☐ Watercraft ($125.00)
- ☐ Snowmobile ($125.00)

COMMENTS:

Credit Card Number

☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Credit Card Expiration Date

☐☐ / ☐☐

Enter Total Fees Here

$ .00

NAME ON CREDIT CARD *(PLEASE PRINT)*

_____

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

X_____ ____ / ____ / ____

Signature of Cardholder ***Date***

If paying by credit card, you may fax this completed application to **(517) 322-5438**.

Requests received after 4:00 p.m. Eastern Time will be processed on the next business day.

Please allow 7-10 business days to process requests sent by mail. Mail completed application with a check or money order payable to "**State of Michigan**" to:

Michigan Department of State
Special Services Branch
7064 Crowner Drive
Lansing, Michigan 48918

Secretary of State
www.Michigan.gov/sos