

# 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 MI					ZIP CODE				
DAYTIME TELEPHONE NUMBER (      )																			

**\*\*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 10 business days 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 Services Branch  
7064 Crowser Drive  
Lansing, MI 48918**
- Credit Card: **You may fax this completed application to: 517-322-5438.**
  - VISA
  - 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**