



OFFICE USE ONLY

RENEWAL
 DUPLICATE

FORM

4317

(REV. 06-2010)

You may qualify to renew your driver license or obtain a duplicate driver license if you are active duty military personnel/dependent and are temporarily out-of-state/country. Please complete this application and submit the required documents in order to receive a Missouri driver license through the mail.

COMPLETE BOTH SIDES OF THIS APPLICATION

NAME		MISSOURI DRIVER LICENSE NUMBER		SOCIAL SECURITY NUMBER		DATE OF BIRTH	
MISSOURI ADDRESS		COUNTY		OUT-OF-STATE/COUNTRY MAILING ADDRESS			
CITY		STATE	ZIP CODE	CITY, STATE, ZIP CODE, COUNTRY			
HEIGHT	WEIGHT	EYE COLOR		SEX	WHEN WILL YOU RETURN TO MISSOURI?		
PHONE		EMAIL					

CHECK ONE MILITARY MILITARY DEPENDENT

CHECK THE TYPE OF LICENSE YOU CURRENTLY HOLD (MARK ONLY ONE) CLASS A CLASS B CLASS C CLASS E CLASS F CLASS M

YOU MUST ANSWER ALL QUESTIONS THAT APPLY TO YOU

Do you understand that any other driver license in your name is invalid with this application? Yes No

COMMERCIAL DRIVER LICENSE ONLY

I meet all requirements contained in the Federal Motor Carriers Safety Regulations, Part 391. (Department of Transportation [DOT] medical card) Yes No

I am exempt from the requirements of the Federal Motor Carriers Safety Regulations, Part 391. (DOT medical card) Yes No

If "Yes", mark whether you operate a commercial license in a state or federal exemption category. State Federal

Have you been licensed in any other state within the past 10 years? Yes No

If yes, please submit a list of those states, your license number, if known, and any alias names that you may have used while licensed in that state.

MOTOR VOTER INFORMATION

Are you registered to vote? Yes No

Do you wish to register to vote? Yes No

(If so, a voter registration card will be mailed to you with your license. When you receive it, you should mail it to the county clerk in the county where you reside.)

J88 NOTATION INFORMATION

Are you deaf or hard of hearing, and wish to add the "J88" notation to your driver license? Yes No

(If so, provide a doctor's statement with this application.)

BOATER IDENTIFICATION INDICATOR

Do you wish to add/retain a boater identification indicator to your driver license? Yes No

If "Yes", enter your Boating Safety Education Card control number here _____ and add an additional \$1.00 to your transaction.

PERMANENT DISABILITY INDICATOR

Do you wish to add/retain a permanent disability indicator to your driver license? Yes No

If "Yes", submit a completed Form 5294 Physician's Statement - Permanent Disability Indicator (available at dor.mo.gov) with this application.

SELECTIVE SERVICE INFORMATION

Do you wish to register with the Selective Service? Yes No

MEDICAL (to be completed by applicant)

In the past 6 months have you had:

Convulsions, Epilepsy or Blackouts Yes No

Paralysis Yes No

Heart Attack, Stroke, Heart Disease Yes No

Other (If yes, please explain) Yes No

FOR THE PURPOSE OF SIGNING THIS FORM, A "POA" DESIGNATION IS EQUIVALENT TO A DESIGNATION OF "ATTORNEY IN FACT".

ORGAN DONOR INFORMATION

Please review the attached information regarding the First Person Consent Organ, Eye, and Tissue donor registry prior to answering the following questions.

Do you want to donate \$1.00 to the organ donor fund? Yes No

Do you authorize a symbol to be placed on your license indicating your consent to be listed as an organ, eye, and tissue donor in the donor registry? Yes No

BLINDNESS AWARENESS FUND INFORMATION

Do you want to donate \$1.00 to the Blindness Awareness Fund? Yes No

CONCEALED CARRY WEAPON ENDORSEMENT (CCW) INFORMATION

Have you obtained a Missouri *Concealed Carry Certificate of Qualification* from the Sheriff or Sheriff's designee in your Missouri county of residence? Yes No

If "Yes", do you wish to add or retain a CCW endorsement on the license produced for this transaction? Yes No

If "Yes", enter the control number from the *Concealed Carry Certificate of Qualification* here. # _____

APPLICANT'S SIGNATURE (SEE INSTRUCTIONS BELOW)

I HEREBY CERTIFY UNDER PENALTY OF PERJURY, THAT ALL INFORMATION REGARDING THIS TRANSACTION, INCLUDING MY RESIDENTIAL ADDRESS FURNISHED PURSUANT TO SECTIONS 302.171 AND 302.181 RSMo IS TRUE AND ACCURATE. (Signature must be centered in the box and not extend outside the box.) SIGN IN THE BOX BELOW ▼ **BLACK INK ONLY**

SIGNATURE BOX

SIGNATURE BOX

SIGNATURE BOX

MAIL-IN DRIVER LICENSE APPLICATION AND INSTRUCTIONS (ACTIVE DUTY MILITARY PERSONNEL AND MILITARY DEPENDENTS ONLY)

YOU MAY QUALIFY TO RENEW OR REPLACE YOUR MISSOURI DRIVER LICENSE IF YOU ARE TEMPORARILY OUT-OF-STATE/COUNTRY. PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THE FORM. YOUR MAIL-IN LICENSE APPLICATION WILL BE PROCESSED WITHIN 7-10 DAYS FROM THE DATE IT IS RECEIVED IN OUR OFFICE.

THIS FORM IS **NOT** FOR USE BY MISSOURI DRIVERS WHO ARE CURRENTLY IN THE STATE OF MISSOURI.

THIS FORM IS ALSO **NOT** VALID TO RENEW OR REPLACE A "VALID WITHOUT PHOTO" (VWP) DRIVER LICENSE, EXCEPT FOR ACTIVE DUTY U.S. MILITARY PERSONNEL. ALL OTHER VWP APPLICANTS MUST RETURN TO MISSOURI TO APPLY FOR A NEW LICENSE.

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED. YOU MUST SUBMIT THE FOLLOWING:

PROOF OF MILITARY ACTIVE DUTY/DEPENDENT STATUS (such as photocopy of military photo ID) — Required for ALL applicants. **Note:** The vision examination and highway sign recognition test are waived upon proof of status.

NAME, DATE OF BIRTH, AND PLACE OF BIRTH — (Submit copies):
U.S. Citizen: U.S. Birth Certificate, U.S. Passport, Certificate of Citizenship, Certificate of Naturalization or Certificate of Birth Abroad. U.S. Military Identification Card or Discharge Papers accompanied by a copy of U.S. Birth Certificate issued by a state or local Government. Non-U.S. Citizen: Document(s) indicating current immigration status such as permanent resident alien card, I-94, etc. Expiration date of document will be determined by expiration date of status per verification through the Department of Homeland Security. **Age 65 and Older Exemption** — If you are **renewing** a non-commercial driver license and are age 65 or older, you are exempt from presenting documents for place of birth.

SOCIAL SECURITY NUMBER
Provide a social security number in the appropriate box on this form if a number has been assigned to you; or if a number has not been assigned, you must present a letter from the Social Security Administration (SSA) regarding the status of your Social Security Number.

NAME CHANGE (if applicable) — **Due to marriage, divorce, adoption, etc.**
If your current name is different from the name on your name verification document presented above or your previous name on your Missouri record, you must submit a copy of one of the following documents reflecting the correct/current name:
Certified Marriage Certificate Certified Adoption Papers or Amended Birth Certificate
Certified Divorce Decree U.S. Passport (valid or expired)
Certified Court Order Social Security Card/Medicare Card

MISSOURI RESIDENTIAL ADDRESS
Please review the perjury statement prior to signing this application. Completion of the resident and mailing address on this form and your signature will meet residency verification requirements for this application. (A Post Office Box will not be allowed as a residential address.)

APPLICATION FORM
Complete all parts of this application and review prior to signing. Your signature (or the signature of your POA, accompanied by a copy of the POA document) must appear within the signature box on the opposite page.

BOATER IDENTIFICATION INDICATOR
If you have been issued a boating safety education card by the Missouri State Water Patrol under section 306.127, RSMo, you may elect to have a boater identification indicator placed on the back of your driver license. To have the indicator added to your document, you must submit the control number from your Boating Safety Education Card and add an additional \$1.00 to your transaction.
If your current license has a boater identification indicator, you may elect to retain the indicator on your new or renewal document. There is no additional cost to retain a previously issued indicator.

PERMANENT DISABILITY INDICATOR
If you are permanently disabled, you may apply for a permanent disability indicator indicating such status to be placed on the back of your driver or nondriver license. To have the indicator added to your document, you must submit Form 5294 Physician's Statement - Permanent Disability Indicator.
If your current license has a permanent disability indicator, you may elect to retain the indicator on your new or renewal document. A new physician's statement is not required.

APPROPRIATE LICENSE FEE — Required for ALL applicants. Payment may be made by a U.S. cashier's check, money order, traveler's check, or personal check.

NOTE: If your driver license is within six months of expiring when the mail-in application is received in our office, the transaction is processed as a renewal.

• RENEWAL driver license (Age 21-69)	Class F or M = \$20.00	Class E = \$35.00	Class A, B, or C = \$45.00
• RENEWAL driver license (All other ages)	Class F or M = \$10.00	Class E = \$17.50	Class A, B, or C = \$22.50
• DUPLICATE of a 6-year driver license	Class F or M = \$12.50	Class E = \$20.00	Class A, B, or C = \$25.00
• DUPLICATE of a 3-year driver license	Class F or M = \$10.00	Class E = \$17.50	Class A, B, or C = \$22.50

Please be sure to write your driver license number on your check/money order. If you have marked on the application that you would like to donate to either or both of the funds, you must add that donation to your fee.

MAIL TO: MISSOURI DEPARTMENT OF REVENUE
DRIVER LICENSE BUREAU — MIL
PO BOX 200
JEFFERSON CITY, MO 65105-0200

STREET ADDRESS: 301 WEST HIGH STREET — RM 480
PHONE: (573) 751-2730
WEB SITE: WWW.DOR.MO.GOV