

## KENTUCKY TRANSPORTATION CABINET Department of Vehicle Regulation DIVISION OF DRIVER LICENSING

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## **DRIVER LICENSE/ID CARD RENEWAL**

Valid only for applicants whose driver license/ID card expired or was lost or stolen between March 1, 2020 and February 28, 2021 and who do not require additional testing. NOTE: This form does not apply regarding CDL licenses or address changes.

SECTION 1: APPLICANT INFORM	MATION				
FULL LEGAL NAME (Print)		EMAIL	CELL PHON	CELL PHONE #	
☐ I agree to receive email or text r	messages concerning	KYTC Driver Licensing notification	tions.		
STREET ADDRESS		CITY	STATE	ZIP	
MAILING ADDRESS (if different from street address)		CITY	STATE	ZIP	
DATE OF BIRTH (mm/dd/yyyy)  DRIVER LICENSE #/S		SSN # (last 4 digits of SSN)	EXPIRATIO	EXPIRATION (mm/dd/yyyy)	
SECTION 2: PAYMENT INFORM	ATION		1		
Select the item you wish to purchas	e.				
Driver License Renewal (\$20.00) ID card/Duplicate License (\$12.00) Combination D-M (\$30.00)					
Would you like to donate \$1 to the Trust for Life Organ Donation Program? 🔲 Yes 🔲 No					
Form of payment: ash ch	neck* 🔲 money or	der			
*Checks should be made payable to Crittenden County Circuit Clerk.					
Please provide your best daytime/cell contact number here:					
SECTION 3: APPLICANT STATUS QUESTIONS					
1. Are you a U.S. citizen?  Yes No					
1a. If you are not a U.S. Citizen, are you a Permanent Resident? 🔲 Yes 🔲 No					
2. Have you suffered a seizure or blackout within the past 90 days?   Yes No					
If yes, provide the date of your last seizure.  MM DD YYYY					
3. Is your driving privilege suspended or revoked in any state or jurisdiction?  Yes No					
<b>4.</b> Do you have any physical/mental impairments that affect your driving abilities or have you had a blackout within the past three (3) years?   Yes No					
5. If applying for a duplicate KY license or KY ID card, was said license or ID card lost or stolen?				Yes No	
6. Do you currently have a license or identification card from another state or jurisdiction?  Yes No					
SECTION 4: APPLICANT ATTEST	ATION & SIGNATU	RE			
I affirm that I am the person named and described in the KY Drivers Licensing Information System and the statements					
provided in this application and to the licensing officials are true and correct to the best of my knowledge. I understand					
that misrepresentation in the licens	sing process can resu	ult in criminal and civil penaltie	s under state	and federal law.	
APPLICANT SIGNATURE (s	ign by typing name)	DATE			
Submit this application and payment by Circuit Clerk's Dropbox at the front of the mail once your application has been pro-	email to melissaguill@ ne Crittenden County C	kycourts.net, mail to 107 S Main S			