



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 June 30, 2020 and who do not require additional testing

SECTION 1: APPLICANT INFORMATION

FULL LEGAL NAME <i>(Print)</i>	EMAIL	CELL PHONE #
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I agree to receive email or text messages concerning KYTC Driver Licensing notifications.

STREET ADDRESS	CITY	STATE	ZIP
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MAILING ADDRESS <i>(if different from street address)</i>	CITY	STATE	ZIP
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DATE OF BIRTH <i>(mm/dd/yyyy)</i>	DRIVER LICENSE #/SSN # <i>(last 4 digits of SSN)</i>	EXPIRATION <i>(mm/dd/yyyy)</i>
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SECTION 2: PAYMENT INFORMATION

Select the item you wish to purchase.
 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: cash check* money order

*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

4. 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 ATTESTATION & SIGNATURE

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 licensing process can result in criminal and civil penalties under state and federal law.

APPLICANT SIGNATURE *(sign by typing name)* _____
DATE

Submit this application and payment by email to melissaguill@kycourts.net, mail to 107 S Main St #202, Marion, KY 42064, or in the Circuit Clerk's Dropbox at the front of the Crittenden County Courthouse. It will take five to seven days to receive your credential by mail once your application has been processed.