

# MAIL-IN LICENSE APPLICATION FORM AND INSTRUCTIONS

**YOU MUST SUBMIT THE FOLLOWING DOCUMENTS WITH THIS COMPLETED APPLICATION TO RECEIVE A DRIVER LICENSE THROUGH THE MAIL. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED. (NOTE: YOUR MAIL-IN LICENSE APPLICATION WILL BE PROCESSED IN FIVE WORKING DAYS AND ORIGINAL DOCUMENTS WILL BE RETURNED TO YOU WITH YOUR LICENSE.)**

- 1. Appropriate License Fee.** Payment can be made by cashier's check, money order or personal check.
  - If you are under 21 or 70 years of age and older, you will receive a license expiring on your date of birth in the third year after issuance. Class A, B or C - \$20, Class E - \$15, Class F or M - \$7.50
  - If you are between 21 and 69 years of age, you will receive a license expiring on your date of birth in the sixth year after issuance. Class A, B or C - \$40, Class E - \$30, Class F or M - \$15
  - Your Organ Donor and Blindness Awareness Fund donation total, if any, must be added to your license fee.
- 2. Vision Exam Results.** A vision exam is required except for duplicate license transactions. **Both acuity and field vision readings are required.** Please have an eye doctor or physician complete the Vision Examination Record as instructed on this form. If the driver licensing agency in the state where you are temporarily residing will complete and record your vision, this will also satisfy the vision requirement. The out-of-state driver licensing agency will be required to indicate their office phone number, date of exam, and sign in the remarks area. The vision exam results must be in **English. We will not accept an eyeglass prescription.**

Note: Active duty military personnel/dependents must submit a photocopy of their military ID card to waive vision requirements.
- 3. Proof of Identity (2 documents required if not using Missouri driver or Nondriver license).** Acceptable documents include (but are not limited to) **original or copies** of one of the following:
  - Missouri driver or nondriver license
  - military photo identification card
  - birth certificate issued by a state, city or county
  - passport
  - adoption papers
  - immigration documents
  - citizenship/naturalization documents
  - military discharge papers
  - prison release documents
- 4. Highway Sign Recognition Test.** You must correctly identify four out of the six signs shown on the back of the Mail-In License Application or your application will not be processed.

## CHANGES OR CORRECTIONS TO YOUR DRIVER LICENSE INFORMATION

If you wish to change the information or make a correction to any information contained on the front of your license, you must submit the **original or copies** of the following documentation:

**Name Change** - Birth certificate, marriage certificate, divorce decree, court order, military ID card, or Social Security Card.

**Date of Birth** - Birth certificate, court order, or military ID card

**Social Security Number** - Social Security Card, paycheck stub (name and SSN must be printed in the same style), military ID card containing the SSN, and/or letter from the Social Security Office on its letterhead

**Class or License or Endorsement** - Appropriate written and/or skills test results

**Restriction** - Appropriate test results

**J88 Notation** - Medical statement from a medical professional; **or** documentation from the Missouri Commission for the Deaf, Social Security Administration, Vocational Rehabilitation Program, or a Federal, State or County Department of Health; **or** a "certified affidavit" certifying that you are deaf or hard of hearing (see back of the Mail-In License Application form for more information).

**Please complete both sides of the Mail-In License Application. You must sign your name as instructed in the signature box and mail your application with the appropriate documents as listed above, and license fee to:**



Missouri Department of Revenue  
Division of Motor Vehicle and Drivers Licensing  
Customer Assistance Bureau  
P.O. Box 200  
Jefferson City, MO 65105-0200

# IMPORTANT INFORMATION ABOUT MISSOURI'S GRADUATED DRIVER LICENSE LAW:

Ready.

Set.

Go!

## What is a Graduated Driver License?

We want you to be a safe and experienced driver. That's why Missouri passed the new Graduated Driver License law that went into effect January 1, 2001.

**(Note: If you already have your Missouri driver license, this law does not apply to you.)**

## How does this law affect me?

This new law establishes a phased-in approach before a teenage driver graduates to a full license. The law requires that all first time drivers between 15 and 18 years old complete a period of driving with a licensed driver (Instruction Permit) and restricted driving (Intermediate License) before getting a full driver license.

When you turn 15, you may apply for an Instruction Permit. When you turn 16, you may apply for an Intermediate License if you have driven on an Instruction Permit for at least 6 months (182 days), and received a minimum of 20 hours of supervised, behind-the-wheel instruction. Please refer to the chart at right for additional information about the steps to graduated driver licensing.

MISSOURI'S GRADUATED DRIVER LICENSE LAW		
Instruction Permit	Intermediate License	Under-21 Full Driver License
<p><b>Eligible Age: 15</b> <u>Issuance Requirements:</u> Parent or legal guardian* must accompany the teen to the license office to sign a permission statement</p> <p>Pass the vision, road sign, and written tests</p> <p><u>Driving Restrictions:</u> If the permit holder is under 16 years old, the Instruction Permit may only be used when accompanied by a parent, grandparent, legal guardian, or a qualified driving instructor</p> <p>If the permit holder is 16 years or older, the person occupying the seat beside the driver must be at least 21 and have a valid license</p> <p><b>Cost: \$1.00</b> <b>Valid for 12 months</b></p>	<p><b>Eligible Age: 16 to 18</b> <u>Issuance Requirements:</u> Must drive with an Instruction Permit for a minimum of 6 months. This is calculated by counting 182 days after the issuance date of the Instruction Permit <b>not including the actual issuance date</b></p> <p>Parent, grandparent or legal guardian* must accompany the teen to the license office to verify that the teen has received 20 hours of behind-the-wheel instruction with an Instruction Permit</p> <p>Pass the vision, road sign, and written tests if results are over a year old</p> <p>Pass the driving test</p> <p>No alcohol-related offenses in last 12 months; no traffic convictions in last 6 months</p> <p><u>Driving Restrictions:</u> Seat belts required for driver and all passengers</p> <p>No driving alone between 1:00 a.m. - 5:00 a.m. <b>except</b> to and from a school activity, job, or an emergency as defined by the Director of Revenue, or unless accompanied by a licensed driver who is at least 21 years old</p> <p><b>Cost: \$5.00</b> <b>Valid for 2 years</b></p>	<p><b>Eligible Age: 18</b> <u>Issuance Requirements:</u> Pass the vision and road sign recognition tests</p> <p>Do not need to pass the written and driving tests if already completed</p> <p>Intermediate License cannot be suspended, revoked, or denied when applying for a full driver license</p> <p>No alcohol-related offenses or traffic convictions within the last 12 months</p> <p><b>Cost: \$7.50</b> <b>Valid for 3 years</b></p>

**\*NOTE:** If the applicant is enrolled in a federal residential job training program, then a certified driver training instructor employed by that program may also fulfill the Graduated Driver License Law responsibilities of the parent/grandparent/legal guardian.

For additional information,  
please call (573) 751-2730

or visit the department's web site at  
[www.dor.state.mo.us/mvdl/drivers](http://www.dor.state.mo.us/mvdl/drivers)

**OFFICE USE ONLY**

RENEWAL  
 DUPLICATE

FORM

**4317**

(REV. 8-01)

You may qualify to renew your driver license or obtain a duplicate driver license if you are temporarily out-of-state. 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		SOCIAL SECURITY NUMBER		DATE OF BIRTH	
MISSOURI ADDRESS			COUNTY		OUT-OF-STATE MAILING ADDRESS		
CITY		STATE	ZIP CODE		CITY, STATE, ZIP CODE		
HEIGHT	WEIGHT		EYE COLOR		SEX	WHEN WILL YOU RETURN TO MISSOURI?	

CHECK ALL THAT APPLY TO YOU

MILITARY  MILITARY DEPENDENT  VISITING  STUDENT  EMPLOYMENT  OTHER

CURRENT LICENSE CLASS (i.e., A, B, C, E, F, 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.  Yes  No

I am exempt from the requirements of the Federal Motor Carriers Safety Regulations, Part 391.  Yes  No

**VISION EXAMINATION RECORD (to be completed by eye doctor, physician, or vision examiner)**

**Both acuity and field vision readings are required.**

**Acuity** - Your vision acuity reading must be recorded for each eye and then a combined acuity for both eyes, i.e., 20/20.

**Field** - The complete peripheral reading for each eye and a combined reading must be shown in degrees (numerics) i.e., 55°.

**Do not record reading as "FULL" or "NORMAL."**

**EYE DOCTOR'S OR PHYSICIAN'S REPORT**

20/40 IN EITHER OR BOTH EYES MINIMUM STANDARD FOR MISSOURI LICENSE				DATE REFERRED TO DOCTOR		REMARKS	
DISTANT VISION ONLY		RIGHT	LEFT	BOTH	EYE DOCTOR'S OR PHYSICIAN'S SIGNATURE		REGISTRATION NUMBER
CORRECTION		20/	20/	20/	ADDRESS		
WITHOUT CORRECTION		20/	20/	20/			
HORIZONTAL FIELD IN DEGREES		°	°	°	CITY, STATE, ZIP CODE		
NOTE: SPECIAL RESTRICTIONS CAN BE ADDED TO LICENSE IF REQUIRED DUE TO VISUAL CONDITION. SPECIFY IN REMARKS AREA.					PHONE ( )		DATE OF EXAM

**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

**APPLICANT'S SIGNATURE**

**I CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION CONTAINED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. (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

**SOCIAL SECURITY OBJECTOR INFORMATION**

Complete the following only if your current Missouri driver license number is the same as your Social Security Number, and you object to the use of your Social Security Number as your Missouri driver license number. A new Missouri driver license number will be assigned to you.

MY SOCIAL SECURITY NUMBER IS (INCLUDE VERIFICATION OF SSN)

I object to using my Social Security Number as my driver license number.

**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.)

**ORGAN DONOR INFORMATION**

Do you want to donate \$1.00 to the organ donor fund?  Yes  No  
Do you want to have your name placed in a registry as a potential organ donor?  Yes  No

**J88 NOTATION INFORMATION**

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

**BLINDNESS AWARENESS FUND INFORMATION**

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



**HIGHWAY SIGN RECOGNITION TEST**

Instructions: You must correctly identify four out of the six signs shown below in order to complete your license renewal application. Please print the name of each sign on the line below each sign.



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