

APPLICATION FOR DRIVER'S LICENSE REINSTATEMENT
(PLEASE PRINT OR TYPE)

NAME (FIRST, MIDDLE, LAST)		
STREET ADDRESS		
CITY	STATE	ZIP
MAILING ADDRESS (if different from "Street Address")		
DAYTIME TELEPHONE NUMBER () -	EXTENSION	FAX NUMBER () -

MICHIGAN DRIVER'S LICENSE NUMBER		DATE OF BIRTH
<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px; background-color: black;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>		<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px; background-color: black;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>

PAYMENT METHOD (check one):

- Money Order** payable to the "State of Michigan"
- Check** payable to the "State of Michigan"
- Credit Card** – State of Michigan only accepts Discover, MasterCard, or VISA

REINSTATEMENT FEE TYPES (check those applicable):

- Standard (\$125.00)
- Minor in Possession (MIP) (\$125.00)
- Drug Crime (\$125.00)
- Friend of the Court (**Compliance Certificate must accompany payment**) (\$85.00)
- Watercraft (\$125.00)
- Snowmobile (\$125.00)

COMMENTS:

Credit Card Number	Credit Card Expiration Date	Enter Total Fees Here
<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	<div style="display: flex; justify-content: center; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="margin: 0 5px;">/</div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	<div style="border: 1px solid black; padding: 5px; display: flex; align-items: center; justify-content: center;"> \$ <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="font-size: 1.5em; margin-right: 5px;">.</div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> </div> </div>

NAME ON CREDIT CARD (PLEASE PRINT)

My signature below authorizes the Michigan Department of State to charge my account.

X _____ ____ / ____ / ____

Signature of Cardholder **Date**

If paying by credit card, you may fax this completed application to **(517) 322-5438**.

Requests received after 4:00 p.m. Eastern Time will be processed on the next business day.

Please allow 7-10 business days to process requests sent by mail. Mail completed application with a check or money order payable to "State of Michigan" to:

Michigan Department of State
Out of State Resident Services Unit
Lansing, Michigan 48918

