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 BI	RTH
PAYMENT METHOD (check one):	REINSTATEMENT	FEE TYPES (check those applicable):
Money Order payable to the "State of Michigan"	Standard (\$1	25 00)
Check payable to the "State of Michigan"		ession (MIP) (\$125.00)
Credit Card – State of Michigan only accepts Discover, MasterCard, or VI		
Credit Card – State of Michigan Only accepts Discover, Master Card, or Vi		,
COMMENTS:		Court (Compliance Certificate <u>must</u> payment) (\$85.00)
COMINIEN 13.	Watercraft (\$	125.00)
	Snowmobile (\$125.00)
		•
	Credit Card	
Credit Card Number	Expiration Date	Enter Total Fees Here
	\square / \square	\$.00
NAME ON CREDIT CARD (PLEASE PRINT)		
NAME ON OREDIT DAND (FEEDE FRINT)		
My signature below authorizes the Michigan Department of State to charge my	account.	
Χ	I	I
Signature of Cardholder		ite
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

