



Driver License Renewal/Replacement Request While Out-of-State

Washington state licensed drivers who are **out-of-state or out-of-country and have a valid Social Security number** can use this form to request a renewal or replacement of a lost or stolen driver license. You may renew one year before expiration.

For validation only

To make your request send this completed form, any required attachments, and a check drawn on a U.S. bank or a money order payable to the Department of Licensing to:

**Department of Licensing
PO Box 9048
Olympia, WA 98507-9048**

We cannot renew/replace by mail:

- Enhanced Driver License (EDL)
- Commercial Driver License (CDL)
- Identification cards (ID)
- Name changes

To surrender:

- To surrender your Enhanced portion of your license, you must complete a [Notice of Surrender](#) and send it with your request.
- To surrender your Commercial Driver License, you must complete a [Commercial Driver License Notice of Surrender](#) and send it with your request.
- To surrender your motorcycle endorsement you must complete a [Notice of Surrender](#) and send it with your request.

Renewals issued by mail do not have a photo or a signature.

Check one only:

- I want to replace** my lost or stolen driver license. Enclose \$20
- I want to renew** my basic driver license. Enclose \$54
- I want to renew my driver license with motorcycle endorsement.** Enclose \$84
- I want to indicate military status.** Include proof of active duty/dependent status (copy of orders or military ID). The license will have an expiration date. Enclose \$10

Name <i>(Last, First, Middle)</i>						Washington driver license number	
Social Security number <small>Required for all drivers; mandatory for child support laws, 42 USC 666(a), RCW 26.23.150. Kept on file. Used for identification, 42 USC 405.</small>							
Washington State residence address <i>(Required for processing)</i>							
City					State		ZIP code
Birthdate <i>(mm/dd/yyyy)</i>		Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X		Height		Weight	
				Eye color		Are you a twin or a triplet? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Out-of-state mailing address					Email <i>(In case we need to contact you)</i>		
City			State		ZIP code or postal code		Country
							(Area code) Telephone number
Check all that apply							
<input type="checkbox"/> I want to be an organ donor.							
<input type="checkbox"/> I want to register for the selective service.							
<input type="checkbox"/> I want to register to vote in the state of Washington and I am a United States citizen.							
Medical/Vision statements. Check all that apply							
<input type="checkbox"/> I do not have a mental or physical condition and am not taking any medication that could impair my ability to operate a motor vehicle.							
<input type="checkbox"/> My vision is 20/40 or better with or without corrective lenses.							

I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Date and place **X** _____
Signature