KENTUCKY TRANSPORTATION CABINET
Department of Vehicle Regulation
DIVISION OF DRIVER LICENSING

TC 94-192
Rev. 06/2020

DRIVER LICENSE/ID CARD RENEWAL (Fayette, Franklin, & Woodford Counties)

Valid only for Fayette, Franklin, and Woodford County residents whose driver license/ID card expired or was lost or stolen between March 1, 2020 and September 30, 2020 and who do not require additional testing

NOTE: You may not use this renewal process if you have a change in address.

SECTION 1: APPLICANT INFORMATION

FULL LEGAL NAME (*Print/Type*)	**EMAIL**	**CELL PHONE #**	
☐ I agree to receive email or text messages concerning KYTC Driver Licensing notifications.			
STREET ADDRESS	**CITY**	**STATE**	**ZIP**
MAILING ADDRESS (*if different from street address*)	**CITY**	**STATE**	**ZIP**

DATE OF BIRTH (*mm/dd/yyyy*)	**DRIVER LICENSE #/SSN #** (*last 4 digits of SSN*)	**EXPIRATION** (*mm/dd/yyyy*)

SECTION 2: PAYMENT INFORMATION

Select the item you wish to purchase.

☐ ID card ($11.50) ☐ Driver License Renewal ($21.50)
☐ Duplicate ($15.00) ☐ Combination: Motorcycle & Operator License ($26.50)

Would you like to donate to the Trust for Life Organ Donation Program? ☐ No ☐ $2 ☐ $5 ☐ $10 ☐ $25

Form of payment: ☐ cash ☐ check* ☐ money order ☐ debit/credit card**

*Checks should be made payable to the KY State Treasurer (Fayette County) or the Office of Circuit Court Clerk (Franklin and Woodford Counties).

**If paying with a debit/credit card, provide the following information:

NAME ON CARD (*exactly as it appears*)	**CARD #**	**EXPIRATION** (*mm/yy*)	**SECURITY CODE** (*3 digits on back*)

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 in black ink or type name*) _____ **DATE** _____

Submit this application & payment by mail or drop box to the Office of Circuit Court Clerk (Franklin & Woodford) or KYTC Regional Driver License Office (Fayette). Contact information here. For drop box, place application with payment in secure drop box at entrance of judicial center/courthouse (Franklin & Woodford) or during office hours at 141 Leestown Center Way (Fayette). It will take 7-10 days to receive your credential by mail once application is processed.