Phone: (573) 526-2407

Fax: (573) 522-8174

 $\textbf{Email: } \underline{\textbf{dlbmail@dor.mo.gov}}$

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3		before May 13, 1988. you been licensed in		state within the pas	at 10 years?	□,	Yes □ No									
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Visit <u>dor.mo.gov/driver-license/</u> for additional information.

Signature Box

	Permanent Disability			ee		☐ Check ☐ M	Noney Order 🔲 Credit	Card
S	Do you wish to add or retain a permanent disability indicator to y	your driver lice	nse? Tyes No	e H	If you are pay	ying by credit care	d you must include the f	following:
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tat	Would you like to donate a dollar to the Blindness Awareness	Program?	☐ Yes ☐ No	Ľ.	Discover	■ Mastercard	☐ American Express	☐ Visa
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License Indicators & Notations	Are you deaf or hard of hearing, and wish to add the "DHH" notation	n to your driver l'	license? Tyes No	Appropriate License Fee				
tor				Š		ate: (MM/YY)		
ica	Organ Donor	at Darson Ca	naant Organ Eva	dd			rged for credit or debit o	ard transactions.
<u>p</u>	Please refer to <u>donatelifemissouri.org/</u> regarding the First and Tissue donor registry prior to answering the following questions:		nsent Organ, Eye,	4				
Se	Would you like to donate to the Organ Donor Fund? Yes							
ë	If yes, enter donation amount (minimum of \$1.) \$	_,					the United States A	
Ë	Do you consent to be listed in the Donor Registry System as a	in organ, eye a					o see the services and als. A list of all state ag	
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_	In the past 6 months have you had:		Do you wish to add	d or re	etain a medical	notation to your	driver license? Tyes	s 🗍 No
Medical		J No				•	n's Statement (Form 58	
<u>Je</u>		J No	☐ Alzheimers Typ			-	diovascular Disease	☐ Dementia
2		J No	Diabetes Mellitu		Drug Alle		lepsy	Pressure
	Other (If yes, please explain)	J No	Post Traumation	Stres	ss Disorder 📋	Schizophrenia		
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	Mail-in Driver License Application and	Instruction	ns (Active Duty Mi	ilitary	Personnel a	ind Military De	ependents Only)	
Ple	ase read <u>all</u> instructions before completing the form. Your	mail-in licens	se application will b	e proc	cessed within	7-10 days from	the date it is received	in our office.
Thi	s form is <u>not</u> for use by Missouri drivers who are currently	in the State	of Missouri.					
Thi	s form is also <u>not</u> valid to renew or replace a "valid withou	t photo" (VW	P) driver license, ex	xcept 1	for active duty	/ U.S. military po	ersonnel. REAL ID Info	ormation:
	equests for issuance of an initial REAL ID-compliant document							
* Y	ou may be issued a REAL ID-compliant license by mail if yo	our current li	cense was issued in	n-pers	son and you w	ere issued a RE	AL ID-compliant card.	
Inc	omplete applications will not be accepted. You must submi	it the following	ng:					
	Proof of Military Active Duty or Dependent Status (such as	photocopy of	active duty military	or mil	ilitary depender	nt photo ID . mili	itary orders or other do	ocumentation of
	current military status) - Required for ALL applicants. Note: The							
_	military applicants, if your current license is more than 184 days e							
	Proof of Identity, Lawful Status, Social Security Number (SS	SN), Residence	e Address and Lega	l Name	e Change (if ap	<mark>oplicable)</mark> - You n	nust submit one or more	documents from
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The completed and signed application form, along with all required supporting documents required may be scanned and sent via email or submitted by fax or mail. Applications submitted without all required data and responses, or without the required supporting documents will not be processed.

the indicator on your new or renewal document. A new physician's statement is not required to retain prior indicator.