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 () - | |
| | DATE OF BIRTH | |
| 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 VI *A nominal processing fee may be charged. COMMENTS: | REINSTATEMENT FEE TYPES (check those applicable Standard (\$125.00) Minor in Possession (MIP) (\$125.00) VISA Prig Crime (\$125.00) Friend of the Court (Compliance Certificate must accompany payment) (\$85.00) Watercraft (\$125.00) Snowmobile (\$125.00) | |
| Credit Card Number | Credit Card Expiration Date Enter Total Fees Here | |
| | □ / □ \$.00 | |
| NAME ON CREDIT CARD (PLEASE PRINT) | | |
| My signature below authorizes the Michigan Department of State to charge my X Signature of Cardholder | y account. / / Date | |

If paying by credit card, you may fax this completed application to (517) 636-5865.

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 Special Services Branch 7064 Crowner Drive Lansing, Michigan 48918