



# 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. Renewal payment amounts include a required \$1 technology fee.

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

**Renewals issued by mail do not have a photo or a signature. You may restore the photo and signature when you return to Washington at a Driver Licensing Office.**

**Check one only:**

- I want to replace** my lost or stolen driver license. Enclose **\$20**
- I want to renew** my basic driver license. Enclose **\$55 for 6 years or \$73 for 8 years**
- I want to renew my driver license with motorcycle endorsement.** Enclose **\$85 for 6 years or \$113 for 8 years**
- 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 **\$20**

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	10-digit phone 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 declare under penalty of perjury under the law of Washington that the foregoing is true and correct.*

Date and place

DLE-520-008 (R/1/23)VWA

**X**

Signature