WASHINGTON STATE DEPARTMENT OF LICENSING

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

For validation only

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.

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:

Washington State 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 **$61 for 6 years or $81 for 8 years**
- ☐ **I want to renew my driver license with motorcycle endorsement.** Enclose **$91 for 6 years or $121 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**

Applicant information

Name *(Last, First, Middle)*				Washington driver license number
Social Security number*			Birthdate *(mm/dd/yyyy)*	
Washington state residence address *(Required for processing)*				
City			State	ZIP code
Gender ☐ M ☐ F ☐ X	Height	Weight	Eye color	Are you a twin or a triplet? ☐ Yes ☐ No

*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.

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Applicant information (continued)

Out-of-state mailing address			
City	State	ZIP code or postal code	Country
10-digit phone number	Email *(In case we need to contact you)*		

Medical/Vision statements

Check all that apply

- ☐ 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.
- ☐ My vision is 20/40 or better with or without corrective lenses.

Certification

I declare under penalty of perjury under the law of Washington that the foregoing is true and correct.

Date and place (city or county)

X When completed, print this form and sign here.

Signature