REQUEST FOR DUPLICATE DRIVER'S LICENSE, IDENTIFICATION CARD, OR LEARNER'S PERMIT

Send the completed form to:

Secretary of State Bureau of Motor Vehicles License Services 29 State House Station Augusta, Maine, 04333-0029

I hereby make application for a duplicate license, identification card, or learner's permit. I have enclosed the fee (\$5.00 for a learner's permit or a non-REAL ID license or identification card, or \$30.00 for a REAL ID license or identification card). I understand that I cannot renew an expired license, identification card, or learner's permit using this form. I also understand that I can only obtain a duplicate REAL ID license or identification card if my original license or identification card was a REAL ID. I also understand that any driver's license or ID card I hold in another state may be canceled by that state according to its laws.

| Please state briefly what happened to your original Maine dri certify that my original Maine driver's license, identifica | |
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| possession because: | |
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| Name (printed): | |
| Date of Birth: | |
| Driver License, Permit, or Identification Number: | |
| Mailing Address: | |
| Do you wish to register as an organ and tissue donor? Yes | |
| | |
| Signature: | Date: |
| | |
| ***************** | **************** |
| Please complete the bottom portion <u>only</u> if the application widentification card, or learner's permit holder. | ras completed by someone other than the license, |
| Your Name (printed): | |
| Your Date of Birth: | |
| Your Driver License or Identification Number: | |
| Relationship to licensee (must be immediate family member) | : |
| | |
| Your Signature: | |