Form

4318

Military Application With Power of Attorney

(For Persons Mobilized and Deployed with the U.S. Armed Forces)

Office Use Only

 New
 Renewal
 Duplicate

Signature Box

| | | | | | | | | | | | | 1- | · | | |
|--|--|--|--------------------------------|-----------------------|--------------|------------------------------|---------------|------------|----------------------|----------------------------|--------------------------|------------------------|---|---|---------------|
| outsid This a | e the state | of Missouri. Please con | nplete this | application and subr | nit the requ | ired doo | cumei | nts in orc | ler to rea | ceive a Mis | souri pern | nit, driver | licens | temporarily mobilized and depl se, or nondriver ID through the ovided the applicant meets all | mail. |
| | | ides of this applic | ation and | d answer all que | stions that | at app | lv to | vou. | | | | | | | |
| Last N | • | | First Nar | | | Middle | | | Suffix | Sex | | Missour | i Driv | ver License Number | |
| | | | | | | | | | | Male | Female | e | | | |
| Missouri Street Address (No PO Boxes) *Required Field | | | | City | | State | | ZIP Cod | e | Cou | nty | | | | |
| Temporary Mailing Address * Required Field | | | | | City | | | State o | State or Country ZIF | | e | Whe | en will you return to Missouri? | | |
| Mail-to Address Missouri Last 4 Digits of Social Security Number | | | | | | Date of Birth Place of Birth | | Optiona | al) Height Weight E | | Eye Col | | Select One Military Military Dependent | dent | |
| E-Mail Address Phone Number Mobile Home Other Yes I consent to receive notifications from the Department of Reve by phone, text, or email address as provided during this applie | | | | | | | | | | | | | | | |
| | | license you currently l | | | | | you u Yes | nderstar | | | | | | e is invalid with this application dissued in any other U.S. | n? |
| | ass A | Class B Class C | Clas | is E 🔲 Class F | Class N | | | | | | | | | application. | |
| Voter Registration | You are required to answer both of the following questions. Are you registered to vote at your current address? Do you wish to register to vote or update your voter registration application? If you are registered to vote at your current address, but would like to update your name or other registration information, please indicate yes on the second question above. The office where the registration application was submitted and your decision of whether or not to register will remain confidential and will be used for voter registration purposes only. The following attestation applies to persons submitting a new or updated voter registration application as part of this license transaction. I swear under penalty of perjury that all statements made on this card are true to the best of my knowledge and belief. I understand that if I register to vote knowing that I am not legally entitled to register, I am committing a class one election offense and may be punished by imprisonment of not more than five years or by a fine between \$2,500 and \$10,000 or by both such imprisonment and fine. | | | | | | | | y. I am | | | | | | |
| ۲o | Certain information provided on this mail in application form may be used for voter registration purposes, unless you opt out. Opt-Out The address change you submitted will be used to update your voter registration information unless you opt out by checking this box. Opt-Out | | | | | | | | | | | | | | |
| | Your signature serves as an attestation under penalty of perjury that all of the following requirements have been met: 1. I am a U.S. Citizen. 4. I have not been adjudged incapacitated by a court of law. 7. I have not been convicted of a felony or misdemeanor 2. I am a Missouri resident. 5. I am not confined under a sentence of imprisonment. connected with the right to suffrage. 3. I am at least 17 1/2 years of age (must be 18 to vote). 6. I am not on probation or parole after conviction of a felony, until finally discharged. | | | | | | | | | | | | | | |
| Commercial Driver License Only | Any person applying for a commercial driver license (CDL) must certify to one of the four categories shown below in the Self-Certification Information block indicating the t ype of commercial vehicle operation they drive in or expect to drive in with their CDL. Drivers who select "non-excepted interstate" or "non-excepted intrastate" below must also submit a current medical examiner's certificate , and any applicable waivers, with this form. I certify my commercial operating status is-check only one box below: (Selecting more than one box will delay processing of this form.) Non-excepted Interstate - (NI) Operates or expects to operate in interstate commerce and is subject to and meets the qualification requirements under 49 CFR part 391, and is required to obtain a medical examiner's certificate by 49 CFR 391.45. (Current medical examiner's certificate, and any applicable waiver, must be submitted with this form.) Non-excepted Intrastate - (NA) Operates on unit this form.) Current medical examiner's current medical requirements. (Current medical examiner's certificate, and any applicable waiver, must be submitted with this form.) Excepted Interstate - (EI) Operates or expects to operate in interstate commerce, but engages exclusively in transportation or operations excepted under 49 CFR 390.3(f), 391.2, 391.68, or 398.3 from all or parts of the qualification requirements certificate by 49 CFR 391.45. These exceptions are listed in detail on the Department of Revenue's website at dor.mo.gov/faq/driver-license/cdl-medical-certification.html. Excepted Intrastate - (EA) Operates or expects to operate in intrastate commerce, but engages exclusively in transportation or operations that are excepted from all parts of Missouri's medical requirements. (This is Missouri's grandfather exemption where the driver operates solely in intrastate commerce and had a valid chauffeur's license on or before May 13, 1988.) Have you been licensed in any other state within the past 10 years? Yes No If yes, please sub | | | | | | | | | | | | | | |
| | | | | | | | | | | | Physica | I Signat | ure | Only | |
| k Notations | Do you wi | Selective Service (Male applicants age 18-26 years Do you wish to register with the Selective Service? Yes Boater Identification | | | | Signature *(Required) | ine R | cluding n | ny resid ue and | ential addread accurate. (| ess furnish Signature | ned pursu must be o | iant to cente | nation regarding this transaction o Sections <u>302.171</u> and <u>302.1</u> ; red in the box and not extend ack ink only. | <u>81</u> |
| Ors | Do you wish to add or retain a boater identification indicator to driver license? | | | | | atur | | | Signature Box | | | | 7 | | |
| License Indicators & Notations | Boating Sa | fety Education Control I | Veteran ′eteran indi | icator on your driver | license? | Applicant's Signa | Signature Box | | | | | | | | Signature Box |
| | | | | | | | | | | | | | | | |

| | Perman | ent Disability | | | |
|--------------------------------|--|--|---|-------------------------|--|
| License Indicators & Notations | Do you wish to add or retain a permanent disa | bility indicator to your driver lice | | | |
| | Would you like to donate a dollar to the Blind Are you deaf or hard of hearing, and wish to add | DHH the "DHH" notation to your driver I an Donor egarding the First Person Co the following questions. Fund?). \$ | nsent Organ, Eye, | Appropriate License Fee | Check Money Order Credit Card If you are paying by credit card you must include the following: Card type: Discover Mastercard American Express Visa Card Number: Name on Card: Expiration Date: (MM/YY) / A convenience fee will be charged for credit or debit card transactions. |
| - | tissue donor? Do you authorize the Organ Donor symbol to b | | | | |
| | Must be completed by applicant | · | 1 | | |
| Medical | In the past 6 months have you had: Convulsions, Epilepsy or Blackouts Paralysis Heart Attack, Stroke, Heart Disease Other (If yes, please explain) | Yes Yes No Yes No Yes No | Please mark the b D Alzheimers Typ Diabetes Mellitu | elow c e Dem us | tain a medical notation to your driver license? |

New Applicants Only

This section is to be completed by eye doctor, physician, or vision examiner.

Both acuity and field vision readings are required.

Acuity — Your vision acuity reading must be recorded for each eye and then a combined acuity for both eyes, i.e., 20/20. The minimum standard for a Missouri driver license is 20/40 in either or both eyes.

Field — The complete peripheral reading for each eye and a combined reading must be shown in degrees (numerics) i.e., 55°.

Do not record reading as "Full" or "Normal." The minimum standard for a Missouri driver license is 55° in each eye or 85° in one eye.

| Distant Vision Only | Right | Left | Both | Remarks | | | |
|--|-------|-------------------------------------|---------------|---|--------------|--|--|
| Correction | 20/ | 20/ | 20/ | Eye Doctor, Physician, or Vision Examiner Signature | | | |
| Without Correction 20/ 20/ 20/ Registration Number (if applicable) | | Registration Number (if applicable) | | | | | |
| Horizontal Field in Degrees | o | 0 | o | Address | | | |
| Note: Special restrictions can be added to license if required due to visual | | | | City, State, Zip Code, Country | | | |
| | | ise it required | due to visual | | | | |
| condition. Specify in remarks area. | | | | Phone | Date of Exam | | |
| | | | | () | | | |

Please print the correct name of each of the following signs on the line below it:















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Highway Sign Recognition Test

Mail-in Driver License Application and Instructions (Active Duty Military Personnel and Military Dependents Only)

Please read <u>all</u> instructions before completing the form. Your mail-in license application will be processed within 7-10 days from the date it is received in our office. This form is <u>not</u> for use by Missouri drivers who are currently in the State of Missouri.

This form is also <u>not</u> valid to renew or replace a "valid without photo" (VWP) driver license, except for active duty U.S. military personnel. REAL ID Information: <u>* Requests for issuance of an initial REAL ID-compliant document must be completed in person.</u>

* You may be issued a REAL ID-compliant license by mail if your current license was issued in-person and you were issued a REAL ID-compliant card.

Incomplete applications will not be accepted. You must submit the following:

- Proof of Military Active Duty or Dependent Status (such as photocopy of active duty military or military dependent photo ID, military orders or other documentation of current military status) Required for ALL applicants. Note: The vision examination and highway sign recognition test are waived upon proof of status. For otherwise eligible active duty military applicants, if your current license is more than 184 days expired, you must submit proof of active duty military status at the time of license expiration to be eligible for renewal.
- Proof of Identity, Lawful Status, Social Security Number (SSN), Residence Address and Legal Name Change (if applicable) You must submit one or more documents from each of the defined categories in the acceptable documents for a REAL ID-compliant or non REAL ID-compliant noncommercial or commercial document at <u>dor.mo.gov/driver-license/issuance/required-documents-checklist.html</u>. Application for a renewal or duplicate card requires at a minimum, submission of proof of identity, proof of Missouri residence address (2 documents if current document is REAL ID-compliant) and proof of mailing address, if different from residence. The printed card will be sent to the mailing address provided. Name change verification may be required if the name on the application or identity verification document differs from the name on your current Missouri license. The alternate mailing address provided is for this application only and will not be retained for future notice Department of Revenue notice purposes. Acceptable document lists for a REAL ID-compliant card may also be found on-line at <u>dor.mo.gov</u>. An interactive guide of acceptable documents for renewal of a REAL ID-compliant card may also be found on-line at <u>dor.mo.gov</u>. An interactive-guide.html.

Appropriate License Fee - Required for all applicants. Payment may be made by a U.S. cashier's check, money order, traveler's check, personal check or credit card. Make check or money order payable to Missouri Department of Revenue. If payment is to be made by credit card complete the credit card information section within the application form. NOTE: If your driver license is within six months of expiring when the mail-in application is received in our office, the transaction is processed as a renewal.

| Renewal driver license (Age 21-69) | Class F or M = \$27.00 | Class E = \$42.00 | Class A, B, or C = \$52.00 |
|---|------------------------|-------------------|----------------------------|
| Renewal driver license (All other ages) | Class F or M = \$13.50 | Class E = \$21.00 | Class A, B, or C = \$26.00 |
| Duplicate of a 6-year driver license | Class F or M = \$19.50 | Class E = \$27.00 | Class A, B, or C = \$32.00 |
| Duplicate of a 3-year driver license | Class F or M = \$13.50 | Class E = \$21.00 | Class A, B, or C = \$26.00 |

(Under 21 or 70 and older)

Please be sure to write your driver license number on your check or money order. If you have marked on the application that you would like to donate to either or both of the funds, you must add that donation to your fee.

A convenience fee will be charged for credit or debit card transactions.

- Signed Application Form Complete all parts of this application and review prior to signing. Your physical signature must appear within the signature box on the opposite page. Digital signatures are not accepted. If you are registering to vote or updating voter registration information with this application, the primary application signature will be used for purposes of voter registration.
- Permanent Disability Indicator If you are permanently disabled, you may apply for a permanent disability indicator indicating such status to be placed on the back of your driver license or nondriver ID. To have the indicator added to your document, you must submit a Physician's Statement Permanent Disability Indicator (Form 5294). If your current license has a permanent disability indicator, you may elect to retain the indicator on your new or renewal document. A new physician's statement is not required to retain a prior indicator.
- DHH Indicator if you are deaf or hard of hearing you may request a "DHH" notation to be placed on your driver license by indicating a "Yes" response in the attached application. In the event of an emergency, this notation may allow law enforcement or emergency and medical personnel to readily determine if you are deaf or hard of hearing.
- Boater Identification Indicator If you have been issued a boating safety education card by the Missouri State Water Patrol under Section 306.127, RSMo, you may elect to have a boater identification indicator placed on the back of your driver license. To have the indicator added to your document, you must submit the control number from your Boating Safety Education Card and add an additional \$1.00 to your transaction.

If your current license has a boater identification indicator, you may elect to retain the indicator on your new or renewal document. There is no additional cost to retain a previously issued indicator.

- Veteran Indicator Applicants requesting the "VETERAN" designation must submit one of the following documents to verify veteran status at the time of initial request for the driver license or nondriver ID with the new designation: a U.S. Department of Defense discharge document, otherwise known as a DD Form 214, that shows a discharge status of "honorable" or "general under honorable conditions" that establishes the person's service in the Armed Forces of the United States; a U.S. Uniformed Services Identification Card, otherwise known as a DD Form 2, that includes a discharge status of "retired" or "reserve retired" establishing the person's service in the Armed Forces of the United States; a U.S. Department of Veterans Affairs photo identification card; or a discharge document WD AGO 53, WD AGO 55, WD AGO 53-55, NAVPERS 553, NAVMC 78 PD, NAVCG 553, DD 256MC, or DD 215 form that shows a discharge status of "honorable" or "general under honorable conditions".
- Organ Donor Indicator When completing the attached application you will be asked two very important questions to determine your decision to register as an organ, eye and tissue donor; and if you register, your decision to have an organ donor symbol placed on the face of your document. Your decision to become an organ and tissue donor is a private one, so an applicant may also elect to register privately at <u>donatelifemissouri.org/</u>.
- Medical Alert Notation Applicants with certain medical conditions may request a medical alert notation to be added to the front of their driver license or nondriver ID. To have the notation added to your document, you must submit a Physician's Statement-Medical Alert Notation (Form 5839). If your current license has a medical notation, you may elect to retain the indicator on your new or renewal document. A new physician's statement is not required to retain prior indicator.

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.

Mail to: Driver License Bureau Attention MIL PO Box 200 Jefferson City, MO 65105-0200

Phone: (573) 526-2407 Fax: (573) 522-8174



Email: <u>dlbmail@dor.mo.gov</u>

Form 4318 (Revised 08-2024)

Visit dor.mo.gov/driver-license/ for additional information.

Ever served on active duty in the United States Armed Forces? If yes, visit <u>dor.mo.gov/military</u>/ to see the services and benefits we offer to all eligible military individuals. A list of all state agency resources and benefits can be found at <u>veteranbenefits.mo.gov/state-benefits/</u>.