

## **Application for Extension of Idaho Driver's License or ID Card**

ITD 3153 (Rev. 4/24) dmv.idaho.gov

## Idaho Transportation Department – Driver's License Unit

Telephone: (208) 584-4343

Use this form only if you are an Idaho resident living temporarily out of state

Type of Extension 
Driver's License 
Identification Card

Γype of Extension  ∐ Driv∈	er's License	Identific	cation	Card						
Type or Print Clearly with	Black Ink									
First Name	Middle Name	Last	Last Name			Driver's L		cense Number	Date of Birth	
Temporary Mailing Address for Extension		City	City or Town			State		Country	Zip/Postal Code	
Social Security Number Name on S		Social Security Card (If different from above)				Date Returning to Idaho (On or About)				
Reason for Extension (Be specific)	If active duty mil	litary, or an imme	diate f	amily men	nber, attach a co	ppy of ac	tive du	ty assignment (	orders	
Complete the following sect		· • •								
Have you <b>ever</b> had your right to dri	ve or a permit or lic	ense to drive susp	ended	, revoked, o	denied, disqualifie	ed, cance	led, or	refused?		
□No □Yes - If Yes, enter the following		Date	State Reason							
Is your ability to operate a motor control? (Examples: epilepsy or sesclerosis.)										
□No □Yes - If Yes, ente	Date	Condition								
Are you a Citizen/National of the U  Yes No	If No, Enter Alien F A	er Alien Registration Number. You <u>must</u> include a copy of your lawful presence documents.								
duty orders, may be granted active duty status period. Mit the expiration date on the expiration date on the expiration date on the expiration date.  2. Non-Military: Extension necessary, a second one-year ladaho, or the expiration date.  3. CDL Holders: Hazardou Note: The extension is not and approved. Upon approvabove. Driving privileges the	litary extension ktension card, was are valid for a ear extension can e on the extension us materials en valid until the can al, a driver's lice	s expire 60 day whichever occu maximum of can be requeste on card, which adorsement (Fompleted applied applied ense with an experienced	ys fro irs firs one (1 d. Ex ever ever <b>d) car</b> ication xtend	m date of the st.  ) year from the standard be standard bate standard	om the expirate are valid for sextended.  The day require will be sent to	eparation dat 10 days d docu you at	e of the from	rement from a ne last issued the date of re are returned ailing addres	active duty or license. If eturn to to our office	
The fee for each driver's li			-						payable to the	
Idaho Transportation Department. Credit card pu			<u> </u>			rvice f				
Credit Card Number		Expiration Date	PI	hone Numb	er	E-Mail /	Address	<b>S</b>		
Email the extension to:			(optional)							
Mailing Instructions: Credit Card payment is: 83707-1129 Check or Money Order is 83713-0034	mailed to: Idah	o Transportatio	on De	partmen						
Upon my signature, I sta motor vehicle safely. Us information presented of	ate that I am re	sponsible and f perjury purs	d phy uant	sically, i						
Applicant's Signature					Date		Exte	nded Date		

ITD Use Only