

Application for Extension of Idaho Driver's License or ID Card ITD 3153 (Rev. 01-20)

Idaho Transportation Department – Driver's License Unit

www.itd.idaho.gov/dmv

Telephone: (208) 334-8736, option 3

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

| Type of Extension [| Driver's L | icense | ☐ Ider | ntifica | tion Card | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|--------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------------------------|---------------------------------------|-------------------------|-----------------------------------------|---------------------------------------------------|
| ~ Type or Print Clea | arly with Blad | ck Ink ~ | | | | | | | |
| First Name | Middle Name | | L | Last Name | | | Driver's License Number | | Date of Birth |
| Temporary Mailing Address for Extension | | | C | City or Town | | | State | Country | Zip/Postal Code |
| Social Security Number Name on | | | Social Security Card (If different from above) | | | Date Returning to Idaho (On or About) | | | |
| Reason for Extension (B | e specific) If a | active duty | military, or a | n imme | ediate family n | nember, attach a | сору (| of active duty assig | gnment orders |
| Complete the follow | | | | | | | | | |
| Have you ever had your | right to drive o | | | | | d, denied, disqua | alified, c | anceled, or refused | ? |
| ☐ No ☐ Yes - If Yes, enter the following | | | Date | State Reason | | | | | |
| Is your ability to oper consciousness or contr Alzheimer's, strokes, mu | ol? (Examples | : epilepsy | | | | | | | |
| | | | Date | Condition | | | | | |
| _ ` | | | If No, Enter Alic | er Alien Registration Number. You must include a copy of your lawful presence documents. | | | | | |
| Military extensions card, which ever oc. 2. Non-Military: Ext second one year extension card, which extension card, which extension is the extension is Upon approval, a drive | curs first. ensions are valion can be requever comes first zardous mate s not valid until | lid for a m uested. Ex st. rials endo I the comp | naximum of or extensions are extensions are extensions are extensions are presented (H) | ne (1) y valid for cannot tion, fe | rear from the eor 10 days from t be extended e, and any req | xpiration date on the date of ret | f the la urn to l | st issued license. Idaho, or the expira | If necessary, a ation date on the e and approved. |
| have been withdrawn i | | | | | • | 8 | | <u></u> | <u></u> |
| The fee for each dri Idaho Transportatio | | | | • | | • | | | . • |
| MasterCard or Visa Nun | | | Expiration D | | Security Code | Phone Number | | -Mail Address | |
| Fax or Email the ex | tension to (inc | clude area | code): | | | | | | (optional) |
| Mailing Instruction Credit Card payme | nt is: mailed | to Idaho ' o (208) 33 | - | on Dep | artment, Driv | er's License Ur | nit, PO | Box 7129, Boise | ID 83707-1129 |
| Check or Money Conned application | <u>rder</u> is mailed forms can b | l to: Idaho e sent to | o Transportat DLMail@it | ion De <u>d.idah</u> | partment, Dri o.gov or faxe | ver's License Ved to (208) 33 | Unit, P 4-858 | O Box 34, Boise I 86. | ID 83713-0034 |
| Upon my signature, vehicle safely. Unde this application is true | r penalty of p | perjury p | | | | | | | |
| Applicant's Signature | | | | | D | ate | | Extended Date | |
| x | | | | | | ITD Use Only | | | |