

Driver's License Extension Request Form

Please complete all sections. Incomplete forms may not be processed.

Full Name (as appears on license)

Date of Birth

Driver's License Number

Current Address

Phone Number

Email Address

Reason for Extension:

☐

Medical

☐

Out of State / Travel

☐

Other (please specify below)

If other, specify reason

Requested Extension Period

e.g., 6 months, 1 year

Signature (type or sign upon printing)

Date:

Print Form