

REQUEST FOR NYS DRIVING PRIVILEGES

To request clearance for New York State driving privileges, please provide the information below and include the appropriate non-refundable fee as follows:

Due to a fee increase effective August 18, 2017, the fee you are required to pay is based on the date your request is processed:

- The fee is \$25 for requests processed no later than August 17, 2017.
- The fee is \$100 for requests processed on or after August 18, 2017, no exceptions can be made.

NOTE: Effective August 18, 2017 DMV will no longer be able to accept the \$25 fee. To avoid a delay in processing your application, please consider the mailing time and submit the correct fee amount when mailing your application.

Full Last Name			Full First Name				MI
Date of Birth (mm/dd/yy)	Sex			Daytime Phone Number (Area Code) - (Optional)			
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NYS Driver License, Learner Permit or Non-Driver ID Card	Number (if availab	ble)					
CURRENT OUT-OF-STATE RESIDENCE ADDR	RESS						
Number and Street						Apt. Number	r
City or Town				State	Zip Code		
MAILING ADDRESS IF DIFFERENT THAN RES	SIDENCE					Apt. Number	r
City or Town	State Zip Code						
Signature (required) X Date		(Sign	name in	full)			
You must pay the appropriate fee with a c Vehicles." Mail your payment and this com			er mac	le payable	to "Commiss	ioner of M	1otor
6 Emp Alban	Department of pire State Plans, NY 12228 tion: Driver I	za, Roo 3	om 330	5			

