



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

ITD 3153 (Rev. 11-13)

Idaho Transportation Department – Driver's License Unit

www.itd.idaho.gov/dmv

Telephone: (208) 334-8735, option 3

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

Type of Extension Driver's License Identification Card

~ Type or Print Clearly with Black Ink ~

| | | | | |
|--|--|---------------------------------------|---------------------------------------|---------------|
| First Name | Middle Name | Last Name | Driver's License Number | Date of Birth |
| Temporary Mailing Address for Extension | | City or Town | State | Country |
| Zip/Postal Code | | Date Returning to Idaho (On or About) | | |
| Social Security Number | Name on Social Security Card (If different from above) | | Date Returning to Idaho (On or About) | |
| Reason for Extension (Be specific) If active duty military, or an immediate family member, attach a copy of active duty assignment orders | | | | |

Complete the following section if you are applying for a driver's license extension.

| | | | | |
|---|--|--|-----------|--------|
| Have you ever had your right to drive or a permit or license to drive suspended, revoked, denied, disqualified, canceled, or refused? | | | | |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes - If Yes, enter the following | Date | State | Reason |
| Is your ability to operate a motor vehicle affected by any physical or mental condition that brings about momentary or prolonged lapses of consciousness or control? (Examples: epilepsy or seizures, crippling arthritis, paralysis, Parkinson's, heart trouble, insulin-dependent diabetes, Alzheimer's, strokes, multiple sclerosis.) | | | | |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes - If Yes, enter the following | Date | Condition | |
| Are you a Citizen/National of the United States? | | If No, Enter Alien Registration Number | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | A | | |

1. **Active Duty Military:** Active duty U.S. military personnel, or members of their immediate family, upon providing active duty orders, may be granted extensions valid up to four years. They may be issued multiple extensions not to exceed their active duty status period. Military extensions expire 60 days from date of discharge/separation/retirement from active duty or the expiration date on the extension card, which ever occurs first.

2. **Non-Military:** Extensions are valid for a maximum of one (1) year from the expiration date of the last issued license. If necessary, a second one year extension can be requested. Extensions are valid for 10 days from the date of return to Idaho, or the expiration date on the extension card, which ever comes first.

3. **CDL Holders: Hazardous materials endorsement (H) cannot be extended.**

Note: The extension is not valid until the completed application, fee, and any required documents are returned to our office and approved. Upon approval, a driver's license with an extended date will be sent to you at the mailing address indicated above. Driving privileges that have been withdrawn in any state will be cause for denial of extension.

| | | | |
|--|-----------------|----------------------|----------------|
| The fee for each driver's license extension is \$10.00 (U.S. funds). Checks or money orders should be made payable to the Idaho Transportation Department. | | | |
| MasterCard or Visa Number | Expiration Date | Daytime Phone Number | E-Mail Address |

Fax the extension to (include area code): _____ (optional)

Mailing Instructions:

Credit Card payment is: mailed to Idaho Transportation Department, Driver's License Unit, PO Box 7129, Boise ID 83707-1129
or faxed to (208) 334-8586

Check or Money Order is mailed to: Idaho Transportation Department, Driver's License Unit, PO Box 34, Boise ID 83731-0034

Scanned application forms can be sent to DLMail@itd.idaho.gov

Upon my signature, I state that I am responsible and physically, mentally, and emotionally capable of operating a motor vehicle safely. Under penalty of perjury pursuant to the law of the State of Idaho, I certify that the information presented on this application is true and correct.

| | |
|-----------------------|------|
| Applicant's Signature | Date |
| X | |

| |
|---------------------|
| Extended Date |
| ITD Use Only |