

DEPARTMENT OF MOTOR VEHICLES  
 Agency of Transportation

 120 State Street  
 Montpelier, Vermont 05603-0001  
 802.828.2000  
 Toll Free: 888-99-VERMONT  
 TTD: 711

**dmv.vermont.gov**

<b>1</b>	<b>Name:</b> Last <span style="margin-left: 150px;">First</span> <span style="margin-left: 150px;">Middle</span>		
<b>Mailing Address</b> (Address Where You Get Your Mail): <i>If PO or Private Box, also fill in "Physical Address" below.</i>		City:	State: Zip:
<b>Physical Address</b> (Address Where You Live) <i>NO PO or Private Box. Physical Address Will Be Printed On Your License.</i>		City:	State: Zip:
Is above a change to <input type="checkbox"/> Mailing address <input type="checkbox"/> Physical address		Is above a change of address for voting purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Vermont License or Permit #</b>		<b>Date of Birth (mm/dd/yyyy):</b>	<b>Place of Birth (City, State &amp; Country):</b>
<b>Social Security Number</b>		The disclosure of your social security or federal identification number is mandatory, is solicited by the authority granted by 42 U.S.C. §405(c)(2)(C) and/or 666(a)(13) and will be used by the Department of Motor Vehicles in the administration of motor vehicle, tax and child support laws, to identify individuals affected by such laws.	
<b>Phone:</b>		<b>Email:</b>	
<b>2</b>	<input type="checkbox"/> <b>Check if name has changed</b> Name on last license (first, middle, last) (Name changes must be processed in person and include proper documentation)		
<b>3</b>	<b>Gender:</b>	<b>Eye Color:</b>	<b>Height:</b>
		<b>Weight:</b>	<b>EDL?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>4</b>	<b>License/Permit</b> <input type="checkbox"/> Administrative <input type="checkbox"/> Destroyed <input type="checkbox"/> Restriction Removal <input type="checkbox"/> Correction <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Address Change Only = \$0 <input type="checkbox"/> Convert to Enhanced Driver's License (EDL) = \$30.00 <input type="checkbox"/> Duplicate / Corrected EDL = \$50.00 (\$20.00+30.00) <input type="checkbox"/> Duplicate / Corrected Learner Permit = \$20.00 <input type="checkbox"/> Duplicate / Corrected License = \$20.00		<b>5</b>
		<b>Registration</b> (ATV & Snowmobile \$6.00, Boat \$3.00, all other \$16.00) <input type="checkbox"/> Correction <input type="checkbox"/> Destroyed <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Decal Needed <input type="checkbox"/> Duplicate <input type="checkbox"/> Sticker Needed	
		<b>Plate:</b>	<b>Body:</b>
		<b>Make:</b>	<b>Model:</b>
		<b>Year:</b>	<b>Color:</b>
<b>VEHICLE ID (VIN, HIN or SERIAL NUMBER):</b>			
<b>6</b>	<input type="checkbox"/> <b>If you have leased vehicles and your name or address has changed you <u>MUST</u> check the box &amp; list plate numbers issued to each leased vehicle.</b>		
<b>7</b>	Do you now have a valid license from another State/Province/Territory? If yes and you are applying for a Vermont license, please complete a new license application ( <a href="#">Form VL-21</a> ). <span style="float:right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>		
<b>8</b>	Is your privilege to operate suspended, revoked, recalled or refused in any State? <span style="float:right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>		
<b>9</b>	Do you wish to be, or continue to be, registered as an organ & tissue donor? <span style="float:right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>		
<b>10</b>	I am a veteran of the US Military & I want "VETERAN" printed on my License. DMV " <a href="#">Vermont Certificate of Veteran Status</a> (DMV Form VG-168)" must also be included (unless previously submitted). <span style="float:right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>		
<b>11</b>	I CERTIFY that at the time of this request the duplicate for which I am applying (License, Learner Permit, and/or Registration) is not under suspension or revocation for any reason. My signature on this form is certification that the information on this application is true and that both the signature and photo are those belonging to said applicant. The statements and warrants made herein are certified under penalties of 23 V.S.A. Section 202.		

<b>SIGNATURE OF APPLICANT:</b>		<b>DATE:</b>	
<b>Department Use Only</b>		AUDIT LINE:	
PID:	<input type="checkbox"/> PRINT (270) <input type="checkbox"/> NAME CHG (231)	<input type="checkbox"/> 452 <input type="checkbox"/> 454 <input type="checkbox"/> NNL PHOTO = A <b>270 CODE:</b> <input type="checkbox"/> L <input type="checkbox"/> S <input type="checkbox"/> D	DUP / COR LIC OR LP <span style="float:right;">23</span> EDL <span style="float:right;">33</span>
EXP:	<input type="checkbox"/> DOB CHG (231) <input type="checkbox"/> MISC CHG (231)	490 CODE: <input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> NNR ENDORSEMENT: <input type="checkbox"/> M <input type="checkbox"/> B <input type="checkbox"/> V <input type="checkbox"/> REST: _____	DUP/COR REG <span style="float:right;">06</span> DUP/COR SNO <span style="float:right;">36</span>
Plate #:	<input type="checkbox"/> POB GENDER EYE HT WGT <input type="checkbox"/> MAIL ADDRESS (232) <input type="checkbox"/> PHYSICAL ADD (233)	<input type="checkbox"/> JR to SR (234) <input type="checkbox"/> DOC LOC <input type="checkbox"/> PDPS Rater #	DUP/COR BOAT <span style="float:right;">37</span> MISCELLANEOUS <span style="float:right;">10</span>
Type:	EXP:	<b>Total</b>	

## INSTRUCTIONS

DO NOT use this form for CDL

Requesting a duplicate by mail will result in the issuance of a Non-Real ID compliant card, **UNLESS** you visited an office **after 01/01/2014 and became Real ID certified.**

### **Name & Address**

- THIS SECTION MUST BE COMPLETED IN FULL OR THIS APPLICATION WILL BE RETURNED TO YOU.
- **If the address given differs from what appears on our records, this will be considered a notification of change of address for all your records.** You are required to notify DMV within 30 days of any change in your mailing address, legal name or physical residence.

Physical address is the street and house number where you actually live (required if mailing address is a PO Box). **Your Physical address will appear on your license.**

- If date of birth given differs from what appears on our records, identification documentation as listed in section 4 is required.
- If place of birth given differs from what appears on our records, a copy of your birth certificate is required.

### **Section 2**

- This section must be completed if name has changed. Name Changes must be processed in person as the signature must be updated on your license.
- An individual name change will require an original or certified copy of a marriage license/certificate, civil union certificate or court order clearly stating the new name. A change of company name on a registration will require a change of name certification from the office of Secretary of State.

### **Section 3**

- This section must be completed if request is for a duplicate or corrected license.

### **Section 4**

- This section must be completed if request is for a duplicate license or learner's permit, or to change a non-photo license to a photo license.
- Proof of identity must be submitted when a duplicate license/learner's permit is applied for in person. You must present the required documents from each of these four categories.
  1. **Identity and date of birth.** Each applicant is required to show documentary proof of identity and date and place of birth. Proof of identity shall be **one (1) source document** from the following list. Documents must contain the full name and date of birth and must be verifiable, i.e., we must be able to contact the issuing agency to determine the authenticity of the document.
    - Valid, unexpired U.S. passport.
    - Driver's license/identification card issued in compliance with the standards established by Real ID (cannot be expired more than one year).
    - Certified copy of a birth certificate filed with a State Office of Vital Statistics or equivalent agency in the individual's State of birth.
    - Consular Report of Birth Abroad (CRBA) issued by the U.S. Department of State, Form FS-240, DS-1350 or FS-545.
    - Valid, unexpired Permanent Resident Card (Form I-551) issued by DHS or USCIS.
    - Unexpired employment authorization document (EAD) issued by DHS, Form I-766 or Form I-688B.
    - Unexpired foreign passport with a valid, unexpired U.S. visa affixed accompanied by the approved I-94 form documenting the applicant's most recent admittance into the United States.
    - Certificate of Naturalization issued by DHS, Form N-550 or Form N-570.
    - Certificate of Citizenship, Form N-560 or Form N-561, issued by DHS.
  2. **Lawful status in the United States.** The documents required for proof of identity and date of birth will also establish lawful status in the United States, provided the Vermont DMV is able to authenticate and verify the documents under existing and available verification systems. The Vermont DMV uses a U.S. Department of Homeland Security program known as Systematic Alien Verification for Entitlements (SAVE) to electronically verify immigration documents issued by the U.S. Department of Homeland Security or U.S. Citizenship and Immigration Services.
  3. **Social Security number.** The Vermont DMV must verify your SSN. Your name and date of birth will be verified with the Social Security Administration at the time of your application, through Social Security Online Verification (SSOLV). To document your SSN, present one of the following documents that contain your current name.
    - Your Social Security card
    - W-2 form
    - Social Security Administration 1099 form
    - Non-Social Security Administration 1099 form
    - Pay stub with your name and Social Security number on it
  4. **Vermont residency and current residential address.** You must present *two documents* that include your name and current Vermont residential address that demonstrate residency in the state of Vermont.

### **Section 5**

- This section must be completed if request is for a **duplicate or corrected registration.**

### **Section 6**

- This section must be completed if you have **leased vehicles**, and there has been a change to your name or address.

### **Sections 7 & 8**

- These questions must be answered if the request is for a [duplicate license/permit](#) or this application will be returned to you.

### **Sections 9 & 10**

- These questions must be answered if you wish to be an Organ Donor **OR** if you are a Veteran this section is to be completed and the [Vermont Verification of Veteran Status form \(Form VG-168\)](#) needs to be completed and attached unless previously submitted. If question is NOT answered DMV will assume the answer to be "No".

### **Section 11**

- Sign and date.