

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

ITD 3153 (Rev. 4/24) dmv.idaho.gov

Idaho Transportation Department – Driver's License Unit

Telephone: (208) 584-4343

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

Type of Extension
Driver's License
Identification Card

Γype of Extension □ Drive	er's License	Identific	cation	Card						
Type or Print Clearly with	Black Ink									
First Name	Middle Name	Last	Last Name			Driver's l		ense Number	Date of Birth	
Temporary Mailing Address for Extension		City	City or Town			Stat	te (Country	Zip/Postal Code	
Social Security Number Name on S		Social Security Card (If different from above)				Date Returning to Idaho (On or About)				
Reason for Extension (Be specific)	If active duty mil	litary, or an imme	ediate f	amily men	nber, attach a co	py of act	tive duty	/ assignment (orders	
Complete the following sect		• • •								
Have you ever had your right to dri	ve or a permit or lic	ense to drive susp	ended	, revoked, o	lenied, disqualifie	d, cancel	led, or re	efused?		
□No □Yes - If Yes, enter the following		Date	State Reason							
Is your ability to operate a motor control? (Examples: epilepsy or s sclerosis.)										
□No □Yes - If Yes, ente	Date	Condition								
Are you a Citizen/National of the U Yes No	If No, Enter Alien F A	er Alien Registration Number. You <u>must</u> include a copy of your lawful presence documents.								
duty orders, may be granted active duty status period. Me the expiration date on the expiration date on the expiration date on the expiration date. 2. Non-Military: Extension necessary, a second one-year ladaho, or the expiration date. 3. CDL Holders: Hazardon Note: The extension is not and approved. Upon approve above. Driving privileges the	litary extensions ktension card, was are valid for a ear extension cate on the extension us materials en valid until the cate, a driver's lice	s expire 60 day whichever occu maximum of can be requeste on card, which adorsement (Fompleted applied applied applied applied applied applied an e	ys frours firster (1) decl. Experience (1) car ication extending from the care of the care	m date of the content	f discharge/se om the expirati are valid for 1 st. extended. d any required will be sent to	on date on days d docur	e of the from to the ments at the ma	e last issued the date of re are returned tiling addres	active duty or license. If eturn to to our office	
The fee for each driver's I								uld be made	payable to the	
Credit Card Number		Expiration Date	PI	Phone Number		E-Mail A	E-Mail Address			
Email the extension to:			(optional)							
Mailing Instructions: Credit Card payment is: 83707-1129 Check or Money Order is 83713-0034 Scanned application forms of	mailed to: Idah	o Transportatio	on De	partmen						
Upon my signature, I sta motor vehicle safely. U information presented of	ate that I am re nder penalty of	sponsible and f perjury purs	d phy uant	sically, i to the la						
Applicant's Signature					Date		Exten	ded Date		

ITD Use Only