



Motor Vehicle Division

40-5154 R05/22 azdot.gov

Mail Drop 510M
Driver License Central Production
Motor Vehicle Division
PO Box 2100
Phoenix AZ 85001-2100

OUT-OF-STATE DRIVER LICENSE
EXTENSION APPLICATION

Date

If you are out of Arizona for 30 days or more after your driver license expires complete the information below to request a one-time, six-month extension. Take the completed form to a NOTARY PUBLIC to witness your legal signature. Mail the completed form along with the \$5.00 application fee, payable by check or money order to: Motor Vehicle Division, to the address located above. Commercial Driver Licenses cannot be extended. Not Applicable For Military Personnel.

For assistance please contact MVD: azdot.gov/contactmvd or Call 602.255.0072 (TDD 602.712.3222).

Form with fields: Full Name On License (first, middle, last, suffix), Date of Birth, Current Driver License Number, Expiration Date, License Class, Date Left Arizona, Expected Return Date, Arizona Residence Address, City, State, Zip, Out-of-State Mailing Address, City, State, Zip

Do you have an alcohol or drug dependency that may affect your ability to safely operate a motor vehicle?
If Yes: Have you been in recovery for one year or more?

Do you have a court appointed guardian for being incapacitated?

Do you have a medical condition (other than glasses) that may affect your ability to safely operate a motor vehicle?
If Yes, explain below .

- Examples:
• Loss of normal use of hand, arm, foot, or leg
• Medical condition that affects your judgment months)
• Inadequate hand/eye coordination in traffic
• Difficulty turning your head from side to side
• Blackouts, seizures, loss of consciousness or body control (w ithin the last 12
• Ongoing medical health problems
• Dizziness or balance problems

Medical Conditions

I certify that the information above is true and correct and that I am required to report to MVD in writing, within 10 days, any medical condition that develops or w orsens that may affect my ability to operate a motor vehicle.

Applicant Signature

Acknowledged before me this date. Notary Signature

Date County State Commission Expires