INSTRUCTIONS FOR THE

UNITED STATES OF AMERICA REPUBLIC DRIVER'S LICENSE REPLACEMENT APPLICATION

INSTRUCTIONS FOR COMPLETING AND SUBMITTING A PAPER DRIVER'S LICENSE REPLACEMENT APPLICATION

The instructions apply to nationals and citizens who are completing and submitting an United States of America Republic Driver's License replacement application. They do not provide technical procedures for people with disabilities who are using assistive equipment.

UNITED STATES OF AMERICA REPUBLIC

BUREAU OF MOTOR VEHICLES (BMV)

INSTRUCTIONS FOR REPLACEMENT OF DRIVER'S LICENSE / IDENTIFICATION CARD

(Based on Form # USARBMV-CA041416)

---

1. PURPOSE OF THIS APPLICATION

This application is used **ONLY** to replace a:

- Lost Driver's License
- Stolen Driver's License
- Lost Identification Card
- Stolen Identification Card

✓ **This form is NOT an application for a new license or permit.**
✓ It is ONLY for a **duplicate/replacement** of a previously issued U.S.A.R. card.

---

2. WHO IS ELIGIBLE

To request a replacement, the applicant must:

1. Have previously been issued a U.S.A.R. Driver License or Identification Card.
2. Be able to certify under penalty of perjury that the information provided is true.
3. Be able to provide proof that the license/ID was lost or stolen.

If your previous license is **suspended**, the suspension must be resolved with the suspending authority before applying.

---

3. REQUIRED INFORMATION

You must complete **ALL required sections**. Incomplete forms will be rejected.

You must provide:

- First Name

- Middle Name
- Last Name
- Suffix (including “El” or “Bey” if applicable)
- Date of Birth
- Sex
- Eye Color
- Height and Weight
- Phone Number
- Physical Address (**P.O. Boxes not accepted**)
- Mailing Address (if different)

If your address has changed since your last record, check the box indicating an address change.

---

4. PROOF OF LOSS OR THEFT

You must provide one of the following:

- A written statement explaining the loss or theft, **or**
- A police report or other documentation, if available

---

5. NAME CHANGE REQUIREMENTS

If the name on the application is different from the name on record:

✓ You must include a **certified court order** documenting the legal name change.

---

6. SELECT YOUR DOCUMENT TYPE

On the form, select one:

- ☐ Replacement Driver License
- ☐ Replacement Identification Card

This form cannot be used for:

- License renewal
- New applicants
- Permit requests

---

7. FEES

A **$25.00 correction/replacement fee** applies.

Fees are non-refundable once processing begins.

---

8. SUBMISSION OPTIONS

You may send the form:

- **By fax or email** for faster review, **but**
- A **hard copy is required** for official filing

Applicants should keep a personal copy for their records.

---

9. FINAL CHECKLIST BEFORE SUBMISSION

✅ All required fields completed
✅ Signature added in black ink
✅ "El" or "Bey" included in signature if applicable
✅ Right thumbprint provided
✅ Proof of loss or theft included
✅ Certified court order attached (if name changed)
✅ $25.00 fee included
✅ Hard copy prepared for mailing
✅ Personal copy made

---

10. QUESTIONS OR ASSISTANCE

For help, contact the U.S.A.R. Bureau of Motor Vehicles:

📞 **888-234-4743**
🌐 www.usarbmvgov.us
📧 bmv@usarbmvgov.us

Department of Driver Services
1499 Martin Luther King Dr, Ste 64102
Province Indiana, 46402

Replacement Application for Drivers License / Identification

(777 USRS 5/6-114) (from Ch. 95 1/2, par. 6-114) Sec. 6-114. Duplicate and Corrected Licenses and Permits.

Note: The purpose of this application is to replace a lost or stolen Drivers License or State Identification Card. In the event that a drivers license, State Id, or permit issued under the provisions of this Act is lost or destroyed, the person to whom the same was issued may upon application and payment of the required fee obtain a duplicate or substitute thereof, upon furnishing evidence satisfactory to the Secretary of State that such permit or license has been lost or destroyed and if such applicant is not then ineligible under Section 6-103 of this Act.

DRIVER LICENSE / NON-DRIVER ID NUMBER

FIRST NAME:					
MIDDLE NAME:					
LAST NAME:		**SUFFIX:(Include EI or Bey)**			
PHONE NUMBER:	DATE OF BIRTH	CHECK HERE IF YOUR ADDRESS HAS CHANGED FROM PREVIOUS RECORDS _____			
MAILING ADDRESS *(STREET, PO BOX)*		PHYSICAL ADDRESS - ***(P.O. BOX NOT ACCEPTABLE)***			
PROVINCE STATE (#)	ZIP	PROVINCE STATE (#)	ZIP		
FULL DATE OF BIRTH (MM/DD/YYYY)	SEX	EYE COLOR	HEIGHT	WEIGHT	
I CERTIFY THAT THE STATEMENTS MADE BY ME ON THIS FORM ARE TRUE. I AM AWARE THAT IF ANY OF THE STATEMENTS ARE WILLFULLY FALSE, I AM SUBJECT TO ADMINISTRATIVE, CIVIL, AND/OR CRIMINAL PENALTY, UNDER THE LAWS OF THE UNITED STATES OF AMERICA REPUBLIC. SIGNATURE:		DATE (MM/DD/YYYY) **SELECT ONE:** DRIVERS LICENSE \ IDENTIFICATION **CORRECTION FEE:** $25.00 **(NOTE: THIS FORM IS NOT A APPLICATION FOR A DRIVERS LICENSE OR PERMIT)**			