



**State of Arkansas  
Department of Finance  
and Administration**



**Driver Services  
Driver's License Issuance**  
Ragland Building  
Post Office Box 1272  
Little Rock, AR 72203-1272  
Phone: (501) 682-7059  
Fax: (501) 682-7934  
www.dfa.arkansas.gov

**Active Duty Military Renew By Mail**

**COMPLETE THE ENCLOSED APPLICATION AND SIGN THE OATH.**  
*Incomplete applications will be denied.*

**REQUIRED FEE      40.00**

Pay by check or money order (**NO CASH**)  
Make checks payable to:

**Department of Finance  
And Administration**

**SEND TWO FORMS OF ID**

Photocopies only (**Do not send originals**)

A complete list of accepted documents is included with this packet.

**MAIL APPLICATION AND PAYMENT TO:**

Department of Finance And Administration  
Drivers License Issuance

Room 2080  
PO Box 1272  
Little Rock, AR  
72203-1272

**ARKANSAS CODE SECTION 27-16-701** requires every applicant to supply his or her Social Security number on the application form when he or she is assigned such a number.

**SOCIAL SECURITY NUMBER** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**WOULD YOU LIKE TO UPDATE YOUR ADDRESS?**      **YES** \_\_\_\_\_      **NO** \_\_\_\_\_

**STREET** \_\_\_\_\_ **APT/UNIT** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

*An out of state address will only be approved for military applicants and their dependents.*

**DO YOU WANT TO BE AN ORGAN DONOR?**      **YES** \_\_\_\_\_      **NO** \_\_\_\_\_

**REASON FOR VALID WITHOUT PHOTOGRAPH (if applicable)** \_\_\_\_\_ **NAME OF RELIGION** \_\_\_\_\_ **OTHER** \_\_\_\_\_

Sincerely,

Angela Parks, Manager  
Driver's License Issuance  
Phone: (501) 682-7059  
Email: Angela.Parks@dfa.arkansas.gov



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**ARKANSAS CODE SECTION 27-16-704** requires all persons renewing their driver's license to pass a vision examination. The results must be marked on the application. One mark each will be made for visual acuity and field of vision. Failure to pass the vision exam or an incorrect/incomplete vision form will result in denial of your application.

**VISION TEST REQUIRED (RENEWAL ONLY)**

*This section must be completed by an eye care professional*

Arkansas statute 27-16-704 requires applicants for an Arkansas driver's license to have a minimal uncorrected visual acuity of 20/40 for an unrestricted license or 20/70 for a restricted license. The applicant's field of vision must be at least 140° with two functional eyes, or 105° with one functional eye.

**VISUAL ACUITY** (Select One)

20/40 Uncorrected

20/50 Corrected

20/70 Corrected

**CDL Holders** must be correctable to 20/50 for a Commercial Driver's License.

**FIELD OF VISION** (Select One)

140° minimum (Two eyes)

105° minimum (One eye)

Examiner's Name \_\_\_\_\_ Title \_\_\_\_\_ Exam Date \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ ZIP \_\_\_\_\_

Signature of Eye Care Professional \_\_\_\_\_

**This packet will be valid for 31 days from the date requested.**

This is to certify that all information on this application is true and correct and that my driving privilege is not suspended or revoked in this state or any other state, nor do I hold a driver's license from any state other than Arkansas.

If applicant is under the age of 18, the signature of a parent or guardian is required and such signee assumes full financial responsibility for applicant when applicant is operating a motor vehicle, as required by Arkansas Code Annotated § 27-16-702.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_



**DEPARTMENT OF FINANCE  
AND ADMINISTRATION  
Office of Driver Services  
Documents Required for Issuance of Driver's License or Identification Card**

**Issuance of a driver's license or identification card in the State of Arkansas will cancel any driver's license or identification card issued in another state.**

**General Requirements-** Applicants that request a change in name, date of birth or social security number must provide documents to link the change from the previous information to the new information. Documents printed from an online account may be accepted. A post office box or business address will not be accepted. Birth cards or hospital birth certificates will not be accepted. Proof of legal presence for U.S. Citizen's and Non-U.S. Citizen's must be original or a certified document. **Residency Documents:** Children may use residency documents of their parents accompanied with their birth certificate. Husband/wife may use residency documents of their spouse accompanied with their marriage certificate.

<p><b>Proof of Legal Presence for US Citizen</b></p> <p><b><u>Bring ONE of the following:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> U.S. Passport/U.S. Passport Card</li> <li><input type="checkbox"/> U.S. Birth Certificate</li> <li><input type="checkbox"/> Certificate of Birth Abroad- FS-240/ FS-545</li> <li><input type="checkbox"/> Certificate of Naturalization- N-550/ N-570</li> <li><input type="checkbox"/> Certificate of Citizenship- N-560/ N-561</li> </ul>	<p><b>Social Security Number</b></p> <p><b><u>Bring ONE of the following:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Social Security Card</li> <li><input type="checkbox"/> W-2 Tax Form</li> <li><input type="checkbox"/> 1099 Tax Form</li> <li><input type="checkbox"/> Pay Stub with Name and Full SSN</li> <li><input type="checkbox"/> DD214</li> </ul> <p><b>If Proof of Social Security document shows residential address, it may count as 1 residency document.</b></p>
<p><b>Proof of Legal Presence- Non-US Citizen</b></p> <p><b><u>Bring ONE of the following:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Foreign Passport with Valid U.S. VISA and I-94</li> <li><input type="checkbox"/> Valid Permanent Resident/ Resident Alien Card-I-551</li> <li><input type="checkbox"/> Valid Employment Authorization- I-766</li> </ul>	<p><b>Name Change-If Applicable</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Court Order</li> <li><input type="checkbox"/> DHS Immigrant Document</li> <li><input type="checkbox"/> Divorce Decree(s)</li> <li><input type="checkbox"/> Social Security Card</li> <li><input type="checkbox"/> U.S. Birth Certificate</li> <li><input type="checkbox"/> U.S. Passport</li> <li><input type="checkbox"/> Adoption Documents</li> <li><input type="checkbox"/> Marriage Certificate(s)</li> </ul>
<p><b>Proof of Identity</b></p> <p><b><u>Bring ONE of the following:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Current DL/ID</li> <li><input type="checkbox"/> School Identification Card</li> <li><input type="checkbox"/> Court Order</li> <li><input type="checkbox"/> Tax Return dated within one year</li> <li><input type="checkbox"/> Marriage Certificate or License</li> <li><input type="checkbox"/> Military ID/ Military Dependent</li> <li><input type="checkbox"/> Armed Forces Discharge Papers (DD214, DD2, DD256, DD257, NGB Form 22, Veteran ID )</li> <li><input type="checkbox"/> Certified School Record or Transcript/Home School Notice of Intent Form</li> <li><input type="checkbox"/> Prison Release Document, Sentencing Order or Booking Order with Photo</li> <li><input type="checkbox"/> Bureau of Indian Affairs Card/Indian Treaty Card</li> <li><input type="checkbox"/> Parent Affidavit (Parent/guardian must appear and prove their identity regarding minor's identity)</li> <li><input type="checkbox"/> Pilot's License</li> <li><input type="checkbox"/> Federal or State Government issued ID</li> <li><input type="checkbox"/> Pension or Retirement Statement</li> <li><input type="checkbox"/> Hunting/Fishing License</li> <li><input type="checkbox"/> Arkansas Title or Vehicle Registration</li> <li><input type="checkbox"/> Concealed Handgun License</li> </ul> <p><b>If Proof of Identity document shows residential address, it may count as 1 residency document.</b></p>	<p><b>Proof of AR Residency-Required for REAL ID</b></p> <p><b><u>Bring TWO of the following dated within 6 months unless otherwise specified:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Utility Bill- Gas, Water or Electric</li> <li><input type="checkbox"/> Current Lease, Rental Agreement or Mortgage Statement</li> <li><input type="checkbox"/> Bank Statement</li> <li><input type="checkbox"/> Telephone, Cable or Internet Bill</li> <li><input type="checkbox"/> Current Health, Automobile or Homeowners Insurance</li> <li><input type="checkbox"/> State or Federal tax return that is less than one year old</li> <li><input type="checkbox"/> Voter Registration that is less than four years old</li> <li><input type="checkbox"/> Personal Property Tax Receipt or Assessment</li> <li><input type="checkbox"/> Pay slip or salary statement with employer name</li> <li><input type="checkbox"/> Tuition invoice/official mail from college or university/School record or transcript</li> <li><input type="checkbox"/> Homeless shelter agreement</li> <li><input type="checkbox"/> Medical or dental bill</li> <li><input type="checkbox"/> On a formal letterhead, a letter from a bank manager, medical practitioner, accountant, attorney or employer on company letterhead that states that he or she has known the applicant for three (3) years and that confirms the applicant's physical residential address</li> </ul>