REQUEST FOR A NEW DRIVER'S LICENSE NUMBER
State Form 54620 (R3 / 11-24)
INDIANA BUREAU OF MOTOR VEHICLES

BUREAU OF MOTOR VEHICLES
100 North Senate Avenue
Room N414
Indianapolis, IN 46204

The legal authority for this form is IC 9-24

* This agency is requesting disclosure of your Social Security number in accordance with 140 IAC 7-1.1-3 and IC 9-24-9-2; disclosure is mandatory and this application will not be processed without it.

INSTRUCTIONS:
1. Please complete in blue or black ink.
2. Include explanation for request and attach additional documentation to support request if available.
3. Mail completed application and supporting documentation to the address listed above.
4. You will receive a notice regarding approval or denial. If approved, take the notice with you to a license branch to apply for the new credential. Note: All information on your current driver record will be transferred to the new driver record.

Applicant's Name *(last, first, middle initial)*	Social Security Number*

Current Indiana Driver's License/Identification Number	Date of Birth *(mm/dd/yyyy)*	Telephone Number

Address *(number and street)*	City	State **IN**	ZIP Code

I (the Applicant listed above) am requesting a new driver's license number for the following reason(s) (*Please indicate the reason*):

☐ Fraudulent Activity ☐ Lost Driver's License or Identification Card ☐ Other: _____

Please include explanation for request. Additional documentation to support the request is recommended (i.e. police report, proof of fraudulent activity, etc.)

I swear or affirm that the information I have entered on this form is correct. I understand that making a false statement may constitute the crime of perjury.

Signature of Applicant	Printed Name	Date *(mm/dd/yyyy)*

FOR BMV USE ONLY

☐ **Approved:** New Driver's License Number _____

☐ **Denied:** Reason for Denial *(if applicable)*

Central Office Operations Supervisor	Date *(mm/dd/yyyy)*