



REQUEST FOR INTERIM / EXTENSION LICENSE

State Form 54580 (R4 / 4-19)

INDIANA BUREAU OF MOTOR VEHICLES

<p align="center">Mail to: INDIANA BUREAU OF MOTOR VEHICLES Credential Management 100 N. Senate Avenue, Rm N414 Indianapolis, IN 46204</p>
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* This agency is requesting disclosure of your Social Security number in accordance with 140 IAC 7-1.1-3 and Indiana Code 9-24-9-2; disclosure is mandatory and this application will not be processed without it.

INSTRUCTIONS:

1. Complete this form in blue or black ink, or print form. This request will not be processed without a signature.
2. **Only one (1) thirty (30)-day interim/extension will be emailed thirty (30) days prior to your indicated "Expected Date of Return to Indiana" at no charge, if approved. Please make the appropriate selection based on the below circumstances.**
 - **Interim:** If your credential has been lost or stolen but is NOT expired and you are at least fifty (50) miles outside the state of Indiana.
 - **Extension:** If your credential has expired and you are at least fifty (50) miles outside the state of Indiana.
3. If your expected return date to Indiana is more than sixty (60) days from the date received, the request will be denied and you must re-apply within sixty (60) days.
4. A Commercial Driver's License holder must have a valid Medical Examination Report for Commercial Driver Fitness Determination on file with the Indiana Bureau of Motor Vehicles or accompanying this form.
5. A Commercial Driver's License holder with a Hazardous Materials Endorsement must have Transportation Security Administration approval that will not expire prior to the interim/extension.
6. If you are a foreign national whose credential is about to expire or has expired, you will need to provide your most current lawful status document in order to be processed.
7. Mail completed form to the address listed above or fax request to (317) 232-8762.
8. If you have any questions, please feel free to contact the BMV at (888) 692-6841.

** The legal address must match the address contained in BMV records or your request will be denied.

Reason for Request:			
<input type="checkbox"/> Interim		<input type="checkbox"/> Extension	
Indiana Driver's License Number		Date of Expiration (mm/dd/yyyy)	
Legal Name As Reflected on Indiana Credential (first, middle, last)			
Indiana Legal Address (number and street) **		City	State ZIP Code
Last Four (4) Digits of Social Security Number *	Date of Birth (mm/dd/yyyy)	Telephone Number	
XXX-XX-			
Expected Date of Return to Indiana (mm/dd/yyyy)	E-mail Address		
Temporary Mailing Address (number and street)	City	State	ZIP Code
I swear or affirm that the information on this form is true and correct. I understand that making a false statement may constitute the crime of perjury.			
Signature of Applicant	Printed Name	Date (mm/dd/yyyy)	