



**Tennessee Department of Safety and Homeland Security  
 Driver Services Division – Special Handling  
 1150 Foster Avenue, Browning Building - Room 253  
 Nashville, Tennessee 37243**

## MILITARY CHECKLIST (NON-COMMERCIAL LICENSE)

**INSTRUCTIONS:** Please complete the following checklist. Use this form as a cover page when returning your information to the Department regarding your request.

<b>Applicant Name:</b>		<b>License No.:</b>	
<b>Telephone Number:</b>		<b>E-mail Address:</b>	
<input type="checkbox"/>	<b>1. Applicant Request Letter:</b>	Please sign the following checklist and use this form as a cover page when returning your information to the Department regarding your request.	
<input type="checkbox"/>	<b>2. Current Residential Address:</b>	Please indicate your current residential address on file with the Department. The residential address must be located in Tennessee: Address: _____ City: _____ State: _____ Zip: _____	
<input type="checkbox"/>	<b>3. Residential Address Change: (if applicable)</b>	Please indicate any change to your residential address. The residential address must be located in Tennessee. This address change will be reflected on the license. Address: _____ City: _____ State: _____ Zip: _____	
<input type="checkbox"/>	<b>4. Applicant Mailing Address:</b>	Please indicate the address where you would like the license to be mailed/returned: Address: _____ City: _____ State: _____ Zip: _____	
<input type="checkbox"/>	<b>5. Department Address:</b>	You may elect to send your request via overnight delivery (at your own expense) to the address below: <b>Tennessee Department of Safety and Homeland Security          Driver Services Division – Special Handling Unit          Attn: Military Coordinator          Browning Building, Room 253          1150 Foster Avenue          Nashville, TN 37243</b> (use zip code 37210 for overnight shipping)	
<input type="checkbox"/>	<b>6. Return Mail/Delivery Options</b>  <i><b>Important:</b> Internal processing time is generally five (5) to ten (10) business days from the date the Department receives your request. Please note, mailing time may vary depending on the United States Postal Service, Fed Ex or UPS.</i>	The license will be returned to you regular mail. If you would like the Department to return the license via overnight delivery, it will be necessary for you to provide a pre-paid overnight shipping label (at your expense). You can speak with the overnight mail service provider regarding how to obtain this and include it in your package. <input type="checkbox"/> Overnight Delivery Label Enclosed (at your expense) <input type="checkbox"/> Please return regular mail to the address above (#4)	

**Instructions:** Please review the following options. Select the services and fees applicable to your request. In order to process your request **ALL** of the required documentation must be received by the Department. Please make check/money order payable to the Tennessee Department of Safety and Homeland Security.

<input type="checkbox"/>	I. Renewal Requirements	Fee Details (Non-CDL)	Fees
	<b>Required Documents:</b> 1. Copy of Driver License; <i>and</i> , 2. Copy of LES; <i>and</i> , 3. Copy of Orders	Class D: Renewal Fee: \$28.00 Class DM: Renewal Fee: \$54.00 Endorsements: Renewal Fee \$2.50 <b>Late Fees:</b> <ul style="list-style-type: none"> <li>\$5.00 after 30 days</li> <li>\$10.00 after 6 months</li> </ul>	\$_____00 \$_____00 \$_____50 \$_____00 \$_____00 \$_____00
<b>Renewal Requirements Total</b>			<b>\$_____0</b>

<input type="checkbox"/>	II. Duplicate Requirements	Fee Details (Non-CDL)	Fees
	<b>Required Documents:</b> 1. Copy of Driver License; <i>and</i> , 2. Copy of LES; <i>and</i> , 3. Copy of Orders	<ul style="list-style-type: none"> <li>1<sup>st</sup> Duplicate: \$8.00</li> <li>2<sup>nd</sup> or subsequent Duplicate: \$12.00</li> </ul>	\$_____00 \$_____00
<b>Duplicate Requirements Total</b>			<b>\$_____00</b>

<input type="checkbox"/>	III. Add Code 30/ Valid License	Fee Details (Non-CDL)	Fees
	<b>Required Documents:</b> 1. Copy of Driver License; <i>and</i> , 2. Copy of LES; <i>and</i> , 3. Copy of Orders	<ul style="list-style-type: none"> <li>1<sup>st</sup> Duplicate \$8.00</li> <li>2<sup>nd</sup> or subsequent Duplicate: \$12.00</li> </ul>	\$_____00 \$_____00
<b>Add Code 30 – Valid License Total</b>			<b>\$_____00</b>

<input type="checkbox"/>	IV. Add Code 30/ Expired License	Fee Details (Non-CDL)	Fees
	<b>Required Documents:</b> 1. Copy of Driver License; <i>and</i> , 2. Copy of LES; <i>and</i> , 3. Copy of Order	<ul style="list-style-type: none"> <li>If adding a Code 30 to an expired license, the renewal fee is applicable. Reference "Section I" for fee details.</li> </ul>	

<input type="checkbox"/>	V. Motorcycle License	Fee Details (Non-CDL)	Fees
	<b>Required Documents:</b> 1. Copy of Driver License; <i>and</i> , 2. Copy of LES; <i>and</i> , 3. Copy of Orders; <i>and</i> , 4. Vision Statement*; <i>and</i> , 5. Motorcycle Rider Safety Foundation Card <i>(must be dated in the last three (3) years)</i>	<ul style="list-style-type: none"> <li>Motorcycle License \$29.00</li> </ul> <p><b>*Vision Statement in Snellen 20/20, 20/40, etc., dated within the last year. Statement must show vision of each eye separately, together, and indicate with or without corrective lenses.</b></p>	\$_____00
<b>Motorcycle License Total</b>			<b>\$_____00</b>

<input type="checkbox"/>	Organ/Tissue Donation	<input type="checkbox"/>	Voter Registration
<input type="checkbox"/>	Yes, I want to be an organ/tissue donor	<input type="checkbox"/>	Yes, I want to register to vote
<input type="checkbox"/>	No, I do not want to be an organ tissue donor	<input type="checkbox"/>	No, I do not want to register vote

**Reinstatement Requirements**

For information regarding reinstatement or reissuance of your Tennessee Driver License, please reference the Department's website at [www.tn.gov/safety](http://www.tn.gov/safety) . If you have questions or need additional information, please contact the department at 866-903-7357.

<b>Total Fee Enclosed</b>	<b>\$_____0</b>
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**Print Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_