

DMV CHANGE of ADDRESS FORM

This form is for the use of Delaware residents desiring to change their address/s of record for their Operator's (Driving) License and their Vehicle Registration. Delaware law requires licensed citizens to notify DMV within one month of changing addresses.

INSTRUCTIONS: Please print out and complete this form. Mail the completed form to the Division of Motor Vehicles at the following address:

DIVISION OF MOTOR VEHICLES
Attn: CHANGE OF ADDRESS
PO BOX 698
DOVER DE 19903

**"First Class Service
from the First State"**

GENERAL INFORMATION: DMV, for purposes of determining residency, domicile, and voting eligibility requires your actual address of residence, and for purposes of mail notifications also your mailing address. Please make sure both are included on this form. You will receive new registration cards for your vehicles, and your address will be changed on your driver's license record. You may at any time obtain a new plastic driver's license with your new address at no charge, by visiting one of our offices.

NAME: _____, _____ **DOB:** _____ **DL#** _____
LAST NAME FIRST MI DATE OF BIRTH DRIVER LICENSE NUMBER

NAME: _____, _____ **DOB:** _____ **DL#** _____
LAST NAME FIRST MI DATE OF BIRTH DRIVER LICENSE NUMBER

PHONE NUMBER: _____

I/WE ARE RESIDENTS OF DELAWARE, LIVING OUTSIDE DELAWARE AS A:

Member/s or dependent/s of the Armed Forces of the United States.

Employee or dependent of an employee, required to temporary live in another country.

NEW RESIDENCE: (ACTUAL PHYSICAL RESIDENCE)

MAILING ADDRESS: (REQUIRED IF DIFFERENT THAN YOUR RESIDENCE)

_____ Development. _____ Apt., Building, Area, Etc.

_____ Number and Street, Road, Lane, Alley, Etc.

_____ PO Box Number, Mail Service Box, Etc.

_____ DE _____
City, Town, Area State Zip Code

_____ DE _____
City, Town, Area State Zip Code

VEHICLE REGISTRATION INFORMATION – LICENSE PLATE NUMBERS:

VEHICLE 1

VEHICLE 2

VEHICLE 3

VEHICLE 4

I/we certify, under penalty of perjury, that the information on this form is true and correct to the best of my knowledge, information, and belief, and that I/we are bona fide residents of Delaware.

Signature: _____ **Date:** _____

Signature: _____ **Date:** _____

FOR DMV USE ONLY: Vehicle Services _____ Driver Services _____