

# DMV CHANGE of ADDRESS FORM

This form is for the use of Delaware residents desiring to change their address/s of record for their Driver License and their Vehicle Registration. Delaware law requires citizens to notify DMV within 30 days 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 residential address 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 license record. You will need to visit one of our DMV locations to obtain a new driver license to reflect your address change at no cost.

<b>NAME:</b> _____ , _____ <b>DOB:</b> _____ <b>DL#</b> _____ <small>LAST NAME FIRST MI DATE OF BIRTH DRIVER LICENSE NUMBER</small>			
<b>NAME:</b> _____ , _____ <b>DOB:</b> _____ <b>DL#</b> _____ <small>LAST NAME FIRST MI DATE OF BIRTH DRIVER LICENSE NUMBER</small>			
<b>PHONE NUMBER:</b> _____			
<b>I/WE ARE RESIDENTS OF DELAWARE, LIVING OUTSIDE DELAWARE AS A:</b>			
<input type="checkbox"/> Member/s or dependent/s of the Armed Forces of the United States.			
<input type="checkbox"/> Employee or dependent of an employee, required to temporary live in another country.			
<b>NEW RESIDENCE:</b> (ACTUAL PHYSICAL RESIDENCE)	<b>MAILING ADDRESS:</b> (REQUIRED IF DIFFERENT THAN YOUR RESIDENCE)		
_____ <small>Development. Apt., Building, Area, Etc.</small>	_____		
_____ <small>Number and Street, Road, Lane, Alley, Etc.</small>	_____ <small>PO Box Number, Mail Service Box, Etc.</small>		
_____ <small>City, Town, Area <u>DE</u> State Zip Code</small>	_____ <small>City, Town, Area <u>DE</u> State Zip Code</small>		
<b>VEHICLE REGISTRATION INFORMATION – LICENSE PLATE NUMBERS:</b>			
_____ <b>VEHICLE 1</b>	_____ <b>VEHICLE 2</b>	_____ <b>VEHICLE 3</b>	_____ <b>VEHICLE 4</b>
<i>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.</i>			
<b>Signature:</b> _____		<b>Date:</b> _____	
<b>Signature:</b> _____		<b>Date:</b> _____	
<b>FOR DMV USE ONLY:</b> Vehicle Services _____ Driver Services _____			