



555 Wright Way
 Carson City, NV 89711
 Reno/Sparks/Carson City (775) 684-4DMV (4368)
 Las Vegas area (702) 486-4DMV (4368)
 Rural Nevada or Out of State (877) 368-7828
 Fax (775) 684-4992
www.dmvnv.com

CHANGE OF ADDRESS NOTIFICATION
A Separate Form Is Needed For Each Driver or Vehicle Owner

NOTE: Address changes for **COMMERCIAL DRIVER'S LICENSES** or Identification Cards with no expiration date must be completed in person.

Print Name _____

New Mailing Address _____
 Last First Middle

Street or P.O. Box Apt. No. City State Zip

Nevada Physical Address _____
 Street City State Zip

Change DRIVER'S LICENSE or **IDENTIFICATION CARD:** Please complete this section to change the address on your Nevada driver's license or identification card and **pay the \$3 Card Production fee**. You may obtain a new photo if you visit a DMV office. Or, you may change your address through the mail if the DMV has a photo of you on file. A new driver's license or ID card will be mailed to you within 10 business days after your application is processed.

Previous Mailing Address _____
 Street or P.O. Box Apt. No. City State Zip

NV Driver's License No. or Identification Card No. _____ Birth Date ___/___/___ Mother's Maiden Name _____

Would you like to register to vote or change your voter registration? Yes No
 If Yes, and completing this transaction in person, a separate application must be completed. If processing through the mail, a separate application will be mailed to you. Please complete the application and mail it to the address provided with the application.

Would you like to be an organ donor and have the information indicated on your license or ID card? Yes No

Would you like to declare that you are a veteran of the Armed Forces of the United States? Yes No

Would you like your name to be released for commercial sales? Yes No

AFFIDAVIT - NO SOCIAL SECURITY NUMBER: I, the undersigned, do hereby certify that I have never been assigned a Social Security Number under the provisions of the Social Security Act of the United States.

Change DISABLED PARKING PLACARDS OR MOTORCYCLE DECALS: Please complete the information below to have the mailing and/or residence address changed for your disabled parking placard or motorcycle decal.

Disabled Placard No. _____ Motorcycle Decal No. _____

Disabled Placard No. _____ Motorcycle Decal No. _____

Change VEHICLE REGISTRATION: Please complete the information below to have the mailing and/or residence address changed for vehicles registered to you. The registration records will be updated only for the vehicles and applicant listed. If you would like a registration certificate mailed to you reflecting the address change, please include a fee of **\$5.00** for each registration.

NV Plate Number or VIN Expiration Month/Year Year of Vehicle Make

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NV Plate Number or VIN Expiration Month/Year Year of Vehicle Make

NV Plate Number or VIN Expiration Month/Year Year of Vehicle Make

Signature _____ Phone Number _____ Date _____

Office Use Only:	
Information Updated: <input type="checkbox"/> Driver's license or Identification card	<input type="checkbox"/> Registration <input type="checkbox"/> Disabled placard <input type="checkbox"/> Motorcycle decal
<input type="checkbox"/> PDPS: <input type="checkbox"/> Clear <input type="checkbox"/> Hit	<input type="checkbox"/> Motor Voter No: _____
Comments: _____	



Please remit \$3 for a Change of Address and \$5 for each updated Registration Certificate. If ordering by mail, you may also pay by check or money order.

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Select ATM/Debit *    Payment Amount \$ _____
Payment Type: Credit Master Card Visa American Express Discover Card

Debit or Credit Card Number (one number per box)
[] [] [] [] - [] [] [] [] - [] [] [] [] - [] [] [] []
Please Print or Type Cardholder Information Expiration Date

Printed Name _____

[] [] / [] []
Month Year

Mailing Address _____
Street / P.O. Box City State Zip Code

Plate / Driver Lic. / Motor Carrier Number _____ Telephone () _____

Authorized Signature _____ Date _____

RD205 (05/07)

*I understand and agree that by checking "ATM/Debit" I am authorizing the DMV to debit my account for the amount specified above. Further, I understand and agree that if the ATM/Debit transaction fails or is declined, I am authorizing the DMV to complete the transaction as a credit card charge, if possible.