

NOTICE OF CHANGE OF ADDRESS

DMV USE ONLY
 DL address
 updated by FO

24002

Please Print Characters In Capital Letters Using Black or Dark Blue Ink only.

1	2	3	4	5	6	7	8	9	0	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z
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- INSTRUCTIONS:**
- Enter the information as shown on the document, i.e. California driver license, ID card, or vehicle registration card, for which a change is being requested.
 - Names not matching DMV records and/or unreadable information cannot be updated.
 - Type or write your new address on a small piece of paper with your signature and date. Keep it with your driver license or ID card.
 - A commercial licensed driver must maintain a California residence address or the driver license will be downgraded to non commercial status.

Personal Information

LAST NAME DRIVER LICENSE/ID CARD NO.

FIRST INITIAL BIRTH DATE - -

Voter Change of Address

We will change your voting address if you have moved and still live in the same county. If you have moved to a new county or are not registered to vote, you must complete a new voter registration card. DMV provides the form or call 1-800-345-VOTE or logon to the Secretary of State's website at www.sos.ca.gov.

Use only with DL Change of Address

N Mark this box if you do not want to change your voting address.

New or Correct Residence Address

STREET NUMBER ONLY STREET NAME

APT NO.

CITY - DO NOT ABBREVIATE - USE FIRST 22 CHARACTERS IN CITY NAME STATE ZIP CODE

Do Not Use P. O. Box in this space

New or Correct Mailing Address

STREET NUMBER ONLY P. O. BOX OR STREET NAME OR STREET NAME AND PRIVATE MAIL BOX

APT NO.

CITY - DO NOT ABBREVIATE - USE FIRST 22 CHARACTERS IN CITY NAME STATE ZIP CODE

If Different From Residence Address

Vehicles, Vessels, or Placards Owned By You

CALIFORNIA PLATE/CF/PLACARD NO. LAST 17 POSITIONS OF VEHICLE ID OR VESSEL HULL ID NUMBER

Use Additional Forms If Necessary

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

CHECK IF LEASED CHECK IF REGISTERED OUTSIDE CA

Leased Vehicles

LEASING COMPANY'S NAME

Location of Trailer Coach or Vessel

STREET NUMBER STREET NAME

APT NO.

CITY - DO NOT ABBREVIATE - USE FIRST 16 CHARACTERS IN CITY NAME COUNTY - DO NOT ABBREVIATE

If Different From Residence Address

Old Address

STREET NUMBER/NAME CITY STATE ZIP CODE

Your mailing address may be given to requesters providing a valid reason for requesting the information. If you receive mail at your residence, then giving DMV a separate mailing address is optional. Your residence address is restricted to authorized requesters per Vehicle Code Section 1808.21. I am the person whose name appears on the record(s) above and the mailing address shown is valid, existing and accurate. I consent to receive service of process at this mailing address pursuant to 415.20(b), 415.30, and 416.90 of the Civil Procedure Code. I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

SIGNATURE X

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