



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 BY MAIL

NRS 483.390 and 483.870

Use a separate form for each driver or vehicle owner.

- You must go to a DMV office to change an address on a commercial driver's license or an identification card that does not show an expiration date.
- Complete this form and mail it to the DMV address noted above with the appropriate fees in the form of a check, money order or debit/credit card authorization (use form [VP205](#)). Do NOT send cash.

INCLUDE BOTH MAILING AND PHYSICAL ADDRESSES

Name _____	_____	_____	_____	_____	_____
_____ Last	_____ First	_____ Middle	_____ Birth Date	_____ / _____ / _____	_____
NV Driver's License or ID Card No. _____	_____	_____	_____	_____ MM	_____ DD / _____ YYYY
Previous Mailing Address _____	_____	_____	_____	_____	_____
_____ Street or P.O. Box	_____ Apt. No.	_____ City	_____ State	_____ Zip	_____
New Mailing Address _____	_____	_____	_____	_____	_____
_____ Street or P.O. Box	_____ Apt. No.	_____ City	_____ State	_____ Zip	_____
Previous Physical Address _____	_____	_____	_____	_____	_____
_____ Street	_____ Apt. No.	_____ City	_____ State	_____ Zip	_____
New Nevada Physical Address _____	_____	_____	_____	_____	_____
_____ Street	_____ Apt. No.	_____ City	_____ State	_____ Zip	_____

Change DRIVER'S LICENSE ADDRESS or **IDENTIFICATION CARD ADDRESS:** You may change your address through the mail if the DMV has a photo of you on file. If not, you must go to a DMV office to have a photo taken. A new driver's license or ID card will be mailed to you within 10 business days after your application is processed. **Please include a \$3.00 card production fee with this application.**

If you've already registered to vote in Nevada and are changing your

DL or ID address, this form will update your voter registration address information.

I do or I do not want my address updated for voter registration purposes.

Voter Address Change

Change DISABLED PARKING PLACARD OR MOTORCYCLE STICKER ADDRESS: Please complete this information to change the mailing and/or principal residence address for a disabled parking placard or motorcycle sticker.

Disabled Placard No. _____ Motorcycle Sticker No. _____

Change VEHICLE REGISTRATION ADDRESS: Please complete this information to change the mailing and/or principal residential address for vehicles registered to you. Registration records will only be updated for the vehicles listed below. **If you would like a registration certificate mailed to you, please include a fee of \$5.00 for each vehicle listed.**

NV Plate Number or VIN _____	Expiration Month/Year _____	Year of Vehicle _____	Make _____	<input type="checkbox"/> \$5.00 for Certificate
NV Plate Number or VIN _____	Expiration Month/Year _____	Year of Vehicle _____	Make _____	<input type="checkbox"/> \$5.00 for Certificate
NV Plate Number or VIN _____	Expiration Month/Year _____	Year of Vehicle _____	Make _____	<input type="checkbox"/> \$5.00 for Certificate

SIGNATURE (required) _____ Date _____

Phone Number _____ Email Address _____

If you are a male at least 18 years of age and less than 26 years old, would you like to register with the Selective Service? By registering, you will remain eligible for federal student loans, grants, benefits relating to job training, most federal jobs and, if applicable, citizenship in the United States. **If YES, please initial here** _____

Office Use Only:
 Information Updated: DL or ID Card Registration Disabled placard Motorcycle sticker Voter Address Change
 PDPS/CDLIS: Clear Hit

Comments: _____



Please remit \$3 for a Change of Address and \$5 for each updated vehicle if you are requesting a 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 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 _____

VP205 (11/11)

*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.