



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			
NV Driver's License or ID Card No. _____		Birth Date _____ / _____ / _____			
		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 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.**

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 primary 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 and/or substitute decal 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"/> Certificate	<input type="checkbox"/> Decal
NV Plate Number or VIN	Expiration Month/Year	Year of Vehicle	Make	<input type="checkbox"/> Certificate	<input type="checkbox"/> Decal
NV Plate Number or VIN	Expiration Month/Year	Year of Vehicle	Make	<input type="checkbox"/> Certificate	<input type="checkbox"/> Decal

(EFFECTIVE 7/2010) 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** _____

Signature (required) _____ Date _____

Phone Number _____ Email Address _____

<i>Office Use Only:</i>	
Information Updated: <input type="checkbox"/> DL or ID Card <input type="checkbox"/> Registration <input type="checkbox"/> Disabled placard <input type="checkbox"/> Motorcycle sticker	
<input type="checkbox"/> PDPS/CDLIS: <input type="checkbox"/> Clear <input type="checkbox"/> Hit	
Comments: _____	



Please remit \$3 for a Change of Address and \$5 for each updated vehicle if you are requesting a Certificate or Decal. 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.