



DRIVER LICENSE CHANGE OF ADDRESS

DATE OF REQUEST

Use of this form will change your address of record for driver licensing and voter registration purposes only.

PLEASE PRINT complete name and birthdate exactly as it appears on your driver license.

LAST NAME		FIRST NAME	MIDDLE NAME or INITIAL
DATE OF BIRTH—Month, Day, Year	DRIVER LICENSE NUMBER		

Washington law requires that the residence address appear on the driver license. A mailing address may be included.

NEW RESIDENCE ADDRESS		
CITY	STATE	ZIP
MAILING ADDRESS		
CITY	STATE	ZIP

VOTER INFORMATION

CHANGE THE ADDRESS ON MY EXISTING VOTING REGISTRATION WITHIN MY COUNTY	
<input type="checkbox"/> Yes <input type="checkbox"/> No	If you wish to vote and have not yet registered, or have changed counties, ask for a Voter Registration form.
NEW RESIDENT COUNTY	NEW RESIDENCE IS LOCATED IN AN: <input type="checkbox"/> Incorporated Area <input type="checkbox"/> Unincorporated Area

Motor vehicle laws in the state of Washington require a driver to notify the Department of Licensing **within 10 days** of a change of address.

Simply fill out this form and return by mail to:
DEPARTMENT OF LICENSING
DRIVER RESPONSIBILITY
PO BOX 9030
OLYMPIA WA 98507-9030

The Department of Licensing has a policy of providing equal access to its services.
If you need special accommodation, please call (360) 902-3900 or TTY (360) 664-0116.