STATE OF CALIFORNIA
DMV
DEPARTMENT OF MOTOR VEHICLES
A Public Service Agency

MAIL TO:
DMV CHANGE OF ADDRESS
P. O. BOX 942859
SACRAMENTO, CA 94259-0001

A SEPARATE FORM IS NEEDED FOR EACH DRIVER OR VEHICLE OWNER

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

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 M M — D D — Y Y Y Y

Voter Change of Address

Use only with DL 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.ss.ca.gov.

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

New or Correct Residence Address

Do Not Use P. O. Box in this space

STREET NUMBER ONLY

STREET NAME

APT NO.

CITY - DO NOT ABBREVIATE - USE FIRST 22 CHARACTERS IN CITY NAME

STATE

ZIP CODE

New or Correct Mailing Address

If Different From Residence 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

Vehicles, Vessels, or Placards Owned By You

Use Additional Forms If Necessary

CALIFORNIA PLATE/CF/PLACARD NO.	LAST 17 POSITIONS OF VEHICLE ID OR VESSEL HULL ID NUMBER	CHECK IF LEASED	CHECK IF REGISTERED OUTSIDE CA
		X	X
		X	X
		X	X

Leased Vehicles

LEASING COMPANY'S NAME

Location of Trailer Coach or Vessel

If Different From Residence Address

STREET NUMBER

STREET NAME

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

COUNTY - DO NOT ABBREVIATE

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

M M — D D — Y Y Y Y

DMV 14 (REV. 5/2007) **WWW**

Print Clear Form