

Fold down here - Tape at bottom to seal.



**OHIO BUREAU OF MOTOR VEHICLES
CHANGE OF ADDRESS**

(PLEASE TYPE OR PRINT COMPLETE INFORMATION)

NAME (First)	Middle Initial	Last
DATE OF BIRTH* (Required)	DRIVER LICENSE NUMBER* (Required)	
OLD ADDRESS (Street)	City	State Zip Code

CORRECT RESIDENCE ADDRESS (Where you live; your permanent home address)

NEW ADDRESS (Street)	City	State	Zip Code
COUNTY	LOCATED IN CITY, VILLAGE OR TOWNSHIP OF (Specify)		

MAILING ADDRESS (If different from Residence Address above)

(Street or P.O. Box)	City	State	Zip Code
This mailing address is: <input type="checkbox"/> Permanent: Send all mail to this address until further notice. <input type="checkbox"/> Temporary: Send all mail to this address only during these dates: Start date: _____ End date: _____			

License Plate Number _____

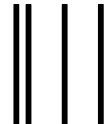
License Plate Number _____

License Plate Number _____

License Plate Number _____

Signature X _____ Date _____

*Change cannot be completed without Date of Birth and Driver license Number



Postage
Required
Post Office will
not deliver
without proper
postage.

OHIO DEPARTMENT OF PUBLIC SAFETY
DEPUTY REGISTRAR SERVICES
P O BOX 16520
COLUMBUS OH 43216-6520



(TAPE HERE)

