



OFFICE OF DRIVER SERVICES
P.O. Box 9204
Des Moines, IA 50306-9204
CHANGE OF ADDRESS NOTICE

Driver License Number _____

(Please type or print)

Name _____
(First) (Middle) (Last)

New Mailing Address _____
(Street of Rural Route)

(City) (County) (Zip)

Date of Birth _____

Date _____ **Signature** _____

The information furnished on this form will be used by the Department of Transportation to update the driving record. All information is required. Failure to provide correct information could result in cancellation of your driving privileges.