



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 the address on your commercial driver's license, driver authorization card, or on 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 #	_____		Birthdate	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 Nevada Physical Address	_____		_____			
	Street	Apt. No.	City	State	Zip	

Voter Address Change

If you are a U.S. citizen and already registered to vote in Nevada, this form will update your voter registration address information.

☐ I do or ☐ I do not want my address updated for voter registration purposes.

If you moved to a different county, you must submit a new voter registration form for that county.

Register online at RegisterToVoteNV.gov OR indicate if you want a new registration form mailed to you: Yes ☐ No ☐

☐ **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 \$4.25 card production fee with this application, which includes a Technology fee.**

☐ **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:** Complete this information to change the mailing and/or principal residential address for vehicles registered to you. Registration records will only be updated for the vehicles listed below. If you would like to change the address on your Off-Highway Vehicle registration, please use form OHV-010 available at www.nvohv.com.
If you would like a registration certificate mailed to you, please include a fee of \$6.00 for each vehicle listed, which includes a Technology fee.

NV Plate Number or VIN	Expiration Month/Year	Year of Vehicle	Make	<input type="checkbox"/> \$6.00 for Certificate
NV Plate Number or VIN	Expiration Month/Year	Year of Vehicle	Make	<input type="checkbox"/> \$6.00 for Certificate
NV Plate Number or VIN	Expiration Month/Year	Year of Vehicle	Make	<input type="checkbox"/> \$6.00 for Certificate

SIGNATURE (required) _____ Date _____

Phone Number _____ Email Address _____

☐ 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 remain eligible for federal student loans, grants, job training benefits, most federal jobs and, if applicable, U.S. citizenship. **If YES, initial here** _____

Office Use Only:

Information Updated: ☐ DL or ID Card ☐ Registration ☐ Disabled placard ☐ Motorcycle sticker ☐ Voter Address Change
☐ PDPS/CDLIS: ☐ Clear ☐ Hit

Comments: _____



Please remit \$4.25 for a Change of Address and \$6 for each updated vehicle if you are requesting a Certificate. 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 ☐ Discover Card

Debit or Credit Card Number (one number per box)															

Please Print or Type

Cardholder Information

Expiration Date

Printed Name _____
Print your name as it appears on your card

		/		
Month			Year	

Mailing Address _____
Street / P.O. Box City State Zip Code

Plate/Driver Lic./Bus. Lic./Records/MC Number
of the transaction being processed. _____

Telephone () _____

Authorized Signature _____ Date _____

VP-205 (Rev. 8/2014)

*I understand and agree that by checking "ATM/Debit" I am authorizing the DMV to debit my account. I understand and agree that if the ATM/Debit transaction fails or is declined, the DMV is authorized to complete the transaction as a credit. The payment amount may not exceed the amount above. I certify that I am an authorized user and will not dispute the payment with my credit/debit card company so long as the transaction corresponds to the terms indicated in the form.