

NOTICE OF CHANGE OF ADDRESS

(Print Full Name - as shown on license or identification card)

(Driver License or ID Card number)

(Date of Birth)

NOTE: Wyoming Statute 31-7-137 requires you to make application for a duplicate license within ten days of a name or address change.

Mailing: _____
(City) (State) (Zip Code)

Physical: _____
(Number & Street) (City) (State) (Zip Code)

I certify that the above is my new address and authorize the Department to change records listed under my name in their driver record files.

Signature: _____ Date: _____