

STATE OF ALASKA
DIVISION OF MOTOR VEHICLES
NOTICE OF CHANGE OF ADDRESS

NEW MAILING ADDRESS			
CITY		STATE	ZIP CODE
NEW RESIDENCE ADDRESS (MUST BE A PHYSICAL DESCRIPTION)			
CITY		STATE	ZIP CODE
PHONE		EMAIL	
DRIVER LICENSE NUMBER	DATE OF BIRTH	DRIVER LICENSE NUMBER	DATE OF BIRTH
LICENSE PLATE OR BOAT NUMBER	LAST 2 DIGITS OF VIN / HIN	LICENSE PLATE OR BOAT NUMBER	LAST 2 DIGITS OF VIN / HIN
LICENSE PLATE OR BOAT NUMBER	LAST 2 DIGITS OF VIN / HIN	LICENSE PLATE OR BOAT NUMBER	LAST 2 DIGITS OF VIN / HIN
PRINTED NAME		PRINTED NAME	
SIGNATURE		DATE	SIGNATURE
			DATE

List any additional vehicles on the other side of this form. The signature of the licensee is required for each driver license change. Only one signature is required for vehicles.

SUBMIT ONLINE AT <http://doa.alaska.gov/dmv/home.htm> OR MAIL TO

State of Alaska
Division of Motor Vehicles
1300 West Benson Blvd Ste 200
Anchorage, AK 99503-3600

alaska.gov/dmv