CHANGE OF ADDRESS FORM FOR

ARKANSAS MOTOR VEHICLE AND DRIVER'S LICENSE

Vehicle License Number #1 _____ #3 _____

#2 _____ #4 _____

Name(s) _____

Driver's License Number #1 _____

Driver's License Number #2 _____

Driver's License Number #3 _____

Driver's License Number #4 _____

New Street or Box Number _____

New City and/or Zip Code _____

Mail the completed form to:

Attention: Room #2033, Ragland Building

Department of Finance & Administration

P O Box 1272

Little Rock, AR 72203-1272