



## NOTICE OF CHANGE OF ADDRESS

Full Name (PRINT NAME AS SHOWN ON DRIVER LICENSE OR ID CARD)

Date of Birth

Driver License or ID Card number (REQUIRED)

Phone Number

**NOTE: Wyoming Statute 31-7-137 requires you to make application for a duplicate license within ten (10) 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: \_\_\_\_\_

