Last Name First Name																		Middle Name									
Date of Birth (MM/DD/YYYY) Last Four Digits of SSN Daytime Telephone Number																											
Old Address (Optional)	Mailing Address City County Stat							rate	ZIP Code					New Address	Mailing City County	g Address					State			ZIP (ZIP Code		
Records to be Updated		Dri	o loca DR V ver L	al Miss OTEI icens lual I	e Nu	i Lice EGIS umber me 1	nse Of TRAT	rion A	rou wa	nt your	Misson HANC	uri drive GES, \	er licer	nse, http	mits and nondrive os://www	er lice w.so	nse d s.md	or inst	tructic v/ele	on per	rmit to <u>1s/go</u>	reflect VoteN	your r	new ad uri/reç	dress. gister	aspx.	
cords		Lic	ense	se Plate Number					E>	Expiration Year						Disabled Placard Num					ber			Exp	Expiration Year		
Rec																											
															Boat or Outboard Moto							or Title Number					
]		
Signature	Under penalties of perjury, I declare that the above information and any Signature Date (MM/DD/YYYY) E-mail Address														ched sup		nent i	is true	e, coi	mplet	te, and	I corre	ct.				

Business Tax Records - To request a change of address for a business, complete a Registration Change Request (Form 126).