



NOTICE OF CHANGE OF ADDRESS

FSDL-763 (Aug 2007)

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: _____

Drop form by your local Driver Exam Office -OR- mail to: WYDOT-Driver Services, 5300 Bishop Blvd, Cheyenne, WY 82009

