



Matthew H. Mead  
Governor

# Wyoming Department of Transportation

*"Providing a safe, high quality, and efficient transportation system"*

5300 Bishop Boulevard  
Cheyenne, Wyoming 82009-3340



John F. Cox  
Director

## Forwarding Request

**Instructions: Please print clearly and legibly.**

Today's Date: \_\_\_\_\_

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Driver License or ID  
Card Number (if known): \_\_\_\_\_

Please initial **ONE** of the options below.

\_\_\_\_\_ **CHANGE OF ADDRESS & FORWARDING REQUEST:** I am authorizing the Department to forward my license/identification card to the following address AND authorizing the Department to change records listed under my name in their driver record files to the following address.

\_\_\_\_\_ **FORWARDING REQUEST ONLY:** I am authorizing the Department to forward my license/identification card to the following address, but do not desire a change of address.

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip

Signature: \_\_\_\_\_