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:_____

FSDL-763 (05/03)