

West Virginia Department of Transportation Division of Motor Vehicles Change of Address Form



1-800-642-9066
www.dmv.wv.gov

THIS FORM HAS ONE USE ONLY: TO UPDATE THE DMV DATABASE

Registration cards, driver's licenses, and registration cards for handicap placards will be updated in the DMV system ONLY.
No new registration cards, licenses or registration cards for handicap placards will be issued. NO FEE REQUIRED.

A.) New Mailing Address

New Mailing Address: _____
STREET ADDRESS

CITY STATE ZIP

B.) Driver's License Information • This form can be utilized for up to two drivers in the household.

1 Driver's License No. **W** **V** Last four digits of SSN Date of Birth ____/____/____

Name _____ **(X)** _____
FIRST, MIDDLE, AND LAST SIGNATURE

2 Driver's License No. **W** **V** Last four digits of SSN Date of Birth ____/____/____

Name _____ **(X)** _____
FIRST, MIDDLE, AND LAST SIGNATURE

C.) Vehicle/Boat Information • Additional vehicles may be added on the back of this form.

Title No. _____	Plate or Boat No. _____	Make _____	Year _____
Title No. _____	Plate or Boat No. _____	Make _____	Year _____
Title No. _____	Plate or Boat No. _____	Make _____	Year _____
Title No. _____	Plate or Boat No. _____	Make _____	Year _____
Title No. _____	Plate or Boat No. _____	Make _____	Year _____
Title No. _____	Plate or Boat No. _____	Make _____	Year _____

D.) Handicap Placard Information • Complete this section if applicable.

Handicap Placard No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Handicap Placard No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Social Security No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Social Security No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

E.) Handling Instructions

****A COPY OF YOUR DRIVER'S LICENSE OR STATE ISSUED PHOTO ID MUST BE ATTACHED. NO INFORMATION WILL BE UPDATED WITHOUT STATE ISSUED ID OR OTHER DOCUMENTATION ACCEPTABLE TO DMV.**

****INCOMPLETE FORMS WILL NOT BE RETURNED OR UPDATED.**

MAIL TO:
WV DMV Records Section
PO Box 17150
Charleston, WV 25317