

DEPARTMENT OF CUSTOMER SERVICES  
DIVISION OF MOTOR VEHICLE, LICENSING AND PERMITS  
**NOTICE OF CHANGE OF ADDRESS**  
*(File within 30 days of change)*

License \_\_\_\_\_  
Plate No. \_\_\_\_\_ Make \_\_\_\_\_ Year \_\_\_\_\_

VIN (Serial) No. \_\_\_\_\_

\_\_\_\_\_  
(PRINT REGISTERED OWNER'S NAME AS IT APPEARS ON CERTIFICATE OF REGISTRATION)

**NEW MAILING  
ADDRESS**

\_\_\_\_\_  
(NUMBER) (STREET) (APT. NO.)

\_\_\_\_\_  
(CITY) (STATE) (ZIP CODE)

\_\_\_\_\_  
(SIGNATURE OF REGISTERED OWNER) (DATE)

CS-L(MVR)82 (REV. 7/00)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLACE  
STAMP  
HERE

**DEPARTMENT OF CUSTOMER SERVICES**  
DIVISION OF MOTOR VEHICLE, LICENSING AND PERMITS  
P.O. BOX 30330  
HONOLULU, HAWAII 96820-0330