



CHANGE OF ADDRESS APPLICATION

Account Number: _____

Account Name: _____

New Mailing Address: _____
Street or P.O. Box Apt. No. City State Zip

New Nevada Physical Address: _____
(if different from mailing) Street City State Zip

Previous Mailing Address: _____
Street or P.O. Box Apt. No. City State Zip

Previous Physical Address: _____
Street or P.O. Box Apt. No. City State Zip

Licensing Agent Name: _____

Mailing Address: _____
Street or P.O. Box Apt. No. City State Zip

- Please indicate all types of licenses being changed:
[] Vehicle Registration [] Intrastate Authority
[] 100% Special Fuel License [] IFTA License

VEHICLE REGISTRATION: If you would like a registration certificate mailed to you reflecting the address change, please include a fee of \$6.00 for each registration. This includes the registration certificate and technology fee.

Under penalties of perjury, the undersigned declares that the information given is to the best of their knowledge true, accurate and complete.

Printed Name _____ Phone Number _____

Signature _____ Date _____