



555 Wright Way, Carson City, NV 89711
 Reno/Sparks/Carson City (775) 684-4DMV (4368)
 Las Vegas area (702) 486-4DMV (4368)
 Rural Nevada or Out of State (877) 368-7828
 Fax (775) 684-4829
 Website: www.dmvnv.com

Change of Address Notification by Mail

Use a separate form for each driver or vehicle owner
 NRS 483.390 and 483.870

You must go to a DMV office to change the address on your commercial driver's license, driver authorization card, identification card, instruction permit, seasonal identification card or if you have an identification card that does not show an expiration date.

Complete this form and mail it to the DMV address noted above with the appropriate fees in the form of a check, money order or debit/credit card authorization (use form [VP205](#)). **Do NOT send cash.**

INCLUDE BOTH MAILING AND PHYSICAL ADDRESSES

Name _____
 Last First Middle
 NV Driver's License or ID Card # _____ Birth Place _____ Birthdate ____/____/____
 MM DD YYYY
 Previous Mailing Address _____
 Street or P.O. Box Apt. No. City State Zip
New Mailing Address _____
 Street or P.O. Box Apt. No. City State Zip
 Previous Physical Address _____
 Street Apt. No. City State Zip
***New Nevada Physical Address** _____
 (SEE NOTE, BOTTOM OF PAGE 1) Street Apt. No. City State Zip

Change of Address for Voter Registration

Pursuant to federal law, you may register to vote through the DMV. If you are not registered in Nevada or if you would like to make an update to a current Nevada voter registration, you may register to vote or update your current registration by completing the additional information on page 2 of this application, including the signature box.

Subject to the explanation provided below regarding a move to a different county, any change to address information will be sent to the County Clerk/Registrar's office for voter registration purposes unless you check this box: I do not want my address change updated for voter registration purposes.

Did you move to a different county? Yes No. If "yes," all sections on page 2 of this application must be completed for the new county to process your updated voter registration.

Change DRIVER'S LICENSE ADDRESS or IDENTIFICATION CARD ADDRESS: You may change your address through the mail if the DMV has a photo of you on file. If not, you must go to a DMV office to have a photo taken. A new driver's license or ID card will be mailed to you within 10 business days after your application is processed. **Please include a \$4.25 card production and technology fee with this application.**

Change DISABLED PARKING PLACARD OR MOTORCYCLE STICKER ADDRESS: Please complete this information to change the mailing and/or Nevada physical address for a disabled parking placard or motorcycle sticker.

Disabled Placard No. _____ Motorcycle Sticker No. _____

Change VEHICLE REGISTRATION ADDRESS: Complete this information to change the mailing and/or Nevada physical address for vehicles registered to you. Registration records will only be updated for the vehicles listed below.

If you would like a registration certificate mailed to you, please include a fee of \$6.00 for each vehicle listed.

NV Plate Number or VIN _____ Expiration Month/Year _____ Year of Vehicle _____ Make _____ \$6.00 for Certificate

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I acknowledge that if I sign the voter registration portion on page 2 of this application, such shall constitute, pursuant to NRS 481.063 (2), a written request and release for the DMV to send personal information here recorded to the County Clerk/Registrar for voter registration purposes.

SIGNATURE (required) _____ Date _____

Phone Number (Optional) _____ Email Address (Optional) _____

If you are a male at least 18-26 yrs. old and do not check the box below, you will be registering for Selective Service. You will remain eligible for federal student loans, grants, benefits relating to job training, most federal jobs and, if applicable, citizenship in the United States. I do not want to register for the Selective Service.

Office Use Only:

Information Updated: DL or ID Card Registration Disabled Placard Motorcycle Sticker Voter Address Change

PDPS/CDLIS: Clear Hit

Comments: _____

***NOTE: If you are a US Government employee, active duty military, or dependent of such person, stationed outside of Nevada and do not have a primary Nevada physical address, please Contact Us for instructions on your address change or voter registration.**



**SECRETARY OF STATE
STATE OF NEVADA
VOTER REGISTRATION APPLICATION**

Application No. _____

If you decline to register to vote, that fact will remain confidential and will be used only for voter registration purposes. If you choose to register to vote, the office at which you submitted a voter registration application will remain confidential and will be used only for voter registration purposes.

BOXES 1, 2 AND 7 MUST BE COMPLETED TO REGISTER TO VOTE. This signature box is only for voter registration purposes.

BOX 3 - DO NOT WRITE IN THIS BOX. The DMV will electronically print your address and other required information that you entered on page 1 of this application.

BOX 6 - PARTY REGISTRATION. Mark your choice of a qualified party, "Nonpartisan" or "Other." If you mark "Other," you may print the name of an unlisted political party. If you register with a minor political party or as a nonpartisan, you will receive a nonpartisan ballot for the Primary Election.

BOX 9 - ASSISTING IN THE COMPLETION OF THIS FORM. If you are assisting a person to register to vote, you must complete Box 9. **FAILURE TO DO SO IS A FELONY.**

CHECK THIS BOX TO RECEIVE A SAMPLE BALLOT IN LARGER TYPE

**WARNING: GIVING FALSE INFORMATION IS A FELONY AND INCLUDES A CIVIL PENALTY OF UP TO \$20,000
USE BLACK INK — PLEASE PRINT CLEARLY**

1	Are you a citizen of the United States of America? <input type="checkbox"/> Yes <input type="checkbox"/> No Will you be 18 years of age or over on or before Election Day? <input type="checkbox"/> Yes <input type="checkbox"/> No If you checked "no" in response to either of these questions, do not complete this form.	2	Check boxes that apply and complete items 4-9 <input type="checkbox"/> New Registration <input type="checkbox"/> Party Affiliation Change <input type="checkbox"/> Name Change <input type="checkbox"/> Address Change	
3	DO NOT WRITE IN THIS BOX			
4	Telephone No. (Optional)	5	E-mail Address (Optional)	
6	Party Registration—Check Only One Box <input type="checkbox"/> Democratic Party <input type="checkbox"/> Independent American Party <input type="checkbox"/> Libertarian Party <input type="checkbox"/> Nonpartisan (no party affiliation) <input type="checkbox"/> Republican Party <input type="checkbox"/> Other – Write In Below _____	7	"I swear or affirm • I am a U.S. citizen • I will be at least 18 years old by the date of the next election • I will have continuously resided in Nevada at least 30 days in my county and at least 10 days in my precinct before the next election • The present address listed herein is my sole legal place of residence and I claim no other place as my legal residence • I am not laboring under any felony conviction or other loss of civil rights that would make it unlawful for me to vote. I declare under penalty of perjury that the foregoing is true and correct." <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> SIGNATURE OF APPLICANT (REQUIRED) This signature box is only for Voter Registration Purposes <div style="border: 2px solid blue; width: 150px; height: 40px; margin: 0 auto;"></div> </div> <div style="text-align: center;"> DATE (REQUIRED) <div style="text-align: center; margin-top: 10px;"> ____/____/_____ (MM/DD/YYYY) </div> </div> </div>	
8	Your name and residence address where you were last registered to vote (Name Used, Street, Apt. #, City, State & Zip Code of Former Residence)			
9	Important! If you are assisting a person to register to vote and you are not a field registrar appointed by a County Clerk/Registrar or an employee of a voter registration agency, you MUST complete the following. Your signature is required. Failure to do so is a felony.			
	Name	Mailing Address	City/State/Zip Code	Signature

VALIDATING AGENCY USE ONLY. DO NOT WRITE IN THE SHADED AREA BELOW.

DATE STAMP	<input type="checkbox"/> AGENCY <input type="checkbox"/> FIELD REGISTRAR <input type="checkbox"/> MAIL <input type="checkbox"/> OTHER	CANCELLED INACTIVE PRECINCT	APPLICATION NO. _____ RECEIVED BY: _____
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Signatures must be originals. Photocopies not acceptable.



Please remit \$4.25 for a Change of Address and \$6 for each updated vehicle if you are requesting a Certificate. If ordering by mail, you may also pay by check or money order.

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PAYMENT AUTHORIZATION FORM
DO NOT EMAIL FORM

Debit or Credit Card Number (one number per box)
[Grid of boxes for card number with dashes]

Payment Type: [] Master Card [] Visa [] Discover Card
Expiration Date: [] [] / [] []
Month Year

Cardholder Information

Printed Name _____ Payment Amount _____
Print your name as it appears on your card
Pursuant to NRS 353.1467, credit card payments of \$10,000 or more are not permitted and cannot be split between multiple payments and/or card types.

Mailing Address _____
Street / P.O. Box City State Zip Code

Plate/Driver Lic./Bus. Lic./Records/MC
Number of the transaction being processed. _____ Telephone _____

Authorized Signature _____ Date _____

By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date.

ADM-205 (Rev. 3/2019)

I authorize the DMV to charge the credit/debit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the amount indicated above only and is valid for one-time use only. I certify that I am an authorized user of this credit/debit card and that I will not dispute the payment with my credit/debit card company so long as the transaction corresponds to the terms indicated in the form.

Office Use Only
Super Tran ID _____ Last four of Card Number _____ Technician Number _____