



### 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, 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 [ADM205](#)). **Do NOT send cash.**

LAST NAME (PRINT)		FIRST NAME		MIDDLE NAME	SUFFIX	NEVADA DL/ ID NUMBER
PLACE OF BIRTH (STATE AND COUNTRY)				BIRTHDAY (MM/DD/YYYY)		
<input type="checkbox"/> YES, print my mailing address on the front of my card (Except Real ID) – Driver License and ID Card only						
PRIMARY PHYSICAL ADDRESS (PRINCIPAL RESIDENCE)				MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL ADDRESS)		
CITY, STATE, ZIP CODE				CITY, STATE, ZIP CODE		
DAYTIME PHONE NUMBER (OPTIONAL) (      )				EMAIL ADDRESS (OPTIONAL)		
CITIZEN	Are you a United States citizen?					<input type="checkbox"/> YES <input type="checkbox"/> NO

**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	<input type="checkbox"/> \$6.00 for Certificate
NV Plate Number or VIN	Expiration Month/Year	Year of Vehicle	Make	<input type="checkbox"/> \$6.00 for Certificate
NV Plate Number or VIN	Expiration Month/Year	Year of Vehicle	Make	<input type="checkbox"/> \$6.00 for Certificate

<b>Office Use Only:</b>	
Information Updated:	<input type="checkbox"/> DL or ID Card <input type="checkbox"/> Registration <input type="checkbox"/> Disabled Placard <input type="checkbox"/> Motorcycle Sticker <input type="checkbox"/> Voter Address Change
	<input type="checkbox"/> PDPS/CDLIS: <input type="checkbox"/> Clear <input type="checkbox"/> Hit
<b>Comments:</b>	
_____	
_____	

**ALL DRIVER LICENSE OR ID CARD APPLICANTS ONLY MUST COMPLETE SECTION 1 OR SECTION 2**

**SECTION 1**

By checking this box, you affirmatively decline the transmission of your information for voter registration/update purposes.  
**NOTE:** Opting out of this process will not change your current voter registration preferences.

OPT - OUT

**SECTION 2**

**NOTE:** Do not complete this section if you chose to opt-out by checking the box above. If both sections are completed, this entire application will be labeled as incomplete and not processed.

<b>VOTER REGISTRATION</b>	<b>Are you 18 years or older?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<b>Are you currently 17 and would like to preregister?</b> You will be able to vote when you turn 18.	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<b>If you are eligible, you will be registered to vote or have your voter registration updated.</b> Unless you opt-out, we will send your information to your County Clerk/Registrar. If you had a felony conviction, you are eligible to vote on release from prison. Your choice to register to vote or not and the place where you register are confidential and will not affect the assistance or services provided to you by the DMV. <i>Nevada Revised Statute Chapter 293.</i>	
	If applicable, check one of the following: (The Uniformed And Overseas Citizens Absentee Voting Act) <input type="checkbox"/> Domestic Military (or military spouse or dependent) on active duty and absent from Nevada voting residence <input type="checkbox"/> Overseas Military (or military spouse or dependent) on active duty and absent from Nevada voting residence <input type="checkbox"/> Overseas Citizen residing outside the U.S. (not applicable to those traveling/vacationing outside the U.S.)	
	Political Party Selection – 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 Party – Write in here: _____	
	A voter registration record <b>must</b> indicate a major political party in order to vote for candidates in a primary election. A new voter registration record will default to “nonpartisan” (no political party) unless a political party is indicated above. If you are already registered to vote in Nevada, no party selection during this transaction will result in your record using your previous political party preference.	
If you are active duty military residing outside of Nevada and you <b>do not</b> have an <b>active</b> Nevada physical address, indicate which County you would like your voter registration information to be forwarded to. COUNTY: _____		
Voter registration applications are also available in Spanish and Tagalog and can be found on the DMV website at: <a href="https://dmvnev.com">https://dmvnev.com</a>		

**ALL DRIVER LICENSE OR ID CARD APPLICANTS MUST ANSWER THE QUESTIONS BELOW**

<b>SELECTIVE SERVICE</b>	If you were born male and are at least 18-26 yrs. old and <b>DO NOT</b> check the box, 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.	<input type="checkbox"/> <b>NO</b> , I am not eligible or do not wish to register
<b>VETERAN</b>	1 I have a U.S. Armed Forces honorable discharge and wish to have a veteran designation placed/retained on my license. If your card does not already have a veteran designation, you must present proof of honorable discharge.	<input type="checkbox"/> YES <input type="checkbox"/> NO
	2 Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	3 Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	4 Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>ORGAN DONOR</b>	<b>Would you like to be an organ donor</b> and have that indicated on your license or identification card?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	If you would you like to donate \$1 or more to the anatomical gift account, indicate how much here: \$ _____	

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

**I hereby certify, under penalty of perjury, that all statements in this application are true and correct. I attest that I am a legal resident of Nevada. I understand that any misstatement of facts on this application may cause the cancellation or denial of my driver’s license pursuant to NRS 483.420. “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, or I am at least 17 years old. 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 at which I intend to vote. The physical address listed herein is my sole legal place of residence and I claim no other place as my legal residence. If I am preregistering to vote, I understand and acknowledge that I will be deemed to have registered to vote as of the date of my 18th birthday unless my preregistration is cancelled by any of the means or for any of the reasons for cancelling voter registration pursuant to Chapter 293 of the Nevada Revised Statutes. I am not currently serving a term of imprisonment for a felony conviction. I declare under penalty of perjury that the foregoing is true and correct.”**

Applicant Name \_\_\_\_\_ DL/ID Number \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_



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.

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
www.dmvnv.com

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 \_\_\_\_\_
Print your name as it appears on your card

Payment \_\_\_\_\_
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.

Cardholder Billing 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. 6/2019)

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.

Do not email this authorization form. E-mail is NOT a secure form of transmittal to protect your card information.

Office Use Only

Super Tran ID \_\_\_\_\_ Last four of Card Number \_\_\_\_\_ Technician Number \_\_\_\_\_
Comments: \_\_\_\_\_