

WEST VIRGINIA DMV  
CHANGE OF ADDRESS FORM

**Address Change in DMV System Only** (Registration Cards, Driver's License and Handicap Placards will be updated in the DMV System) **No Fee Required**

Please mail this form to the address below:

**DMV  
Building 3  
Capitol Complex  
Charleston WV 25317**

**Driver's License Information**

Drivers License Number	Social Security Number	Date Of Birth
Name (first, middle, last)		
Mailing Address		
City	State <b>WV</b>	Zip Code
Residential Address (if not same as above)		
City	State <b>WV</b>	Zip Code

**Vehicle/Boat Information**

Title Number	Plate Number /Boat Number	Make	Year
Title Number	Plate Number / Boat Number	Make	Year
Title Number	Plate Number / Boat Number	Make	Year

**Handicap Placard Information**

Handicap Placard Number	Social Security Number
Handicap Placard Number	Social Security Number

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Signature of Applicant

Date