

# CHANGE OF ADDRESS FORM

MAIL TO:

DMV  
60 STATE STREET  
WETHERSFIELD, CT 06161

B-58 REV. 6-2005

STATE OF CONNECTICUT - DMV  
On The Web At ct.gov/dmv

## CHANGE OF ADDRESS AND/OR ORGAN/TISSUE DONOR STATUS CARD

### INSTRUCTIONS

1. Joint owners may use this form if the license numbers of both operators are listed.
2. Card must be signed and dated by all applicants.
3. Copy information from your current registration. If more than four (4) marker plate numbers, use additional change of address cards.
4. Keep your license/ID(s) and registration(s). On the registration(s), cross out the old address and write the new address in the space provided. Affix the new address label to the back of your license/ID card. Should you opt to be an Organ/Tissue Donor, affix the red heart sticker to the front of your license/ID(s). Labels can be obtained from any DMV Office or Police Department.

### PLEASE PRINT INFORMATION

NAME (Last, First, Middle Initial) - APPLICANT 1	
NAME (Last, First, Middle Initial) - APPLICANT 2	
(NEW) MAILING ADDRESS (No. and Street, City or Town, State, Zip Code)	
RESIDENT ADDRESS, IF DIFFERENT FROM MAILING ADDRESS	
SIGNATURE	DATE
	SIGNATURE
	DATE

The information provided to the Commissioner of Motor Vehicles herein is subscribed by me, the undersigned, under penalty of false statement, in accordance with the provisions of Section 14-110 and 53a-157b of the Connecticut General Statutes. I understand that if I make a statement which I do not believe to be true with the intent to mislead the commissioner, I will be subject to prosecution under the above-cited laws.

If you prefer to use an envelope, it must be addressed to the address shown on the front of this card to the attention of DATA Entry-Change of Address Unit.

CHECK CHANGES	OPERATOR'S LICENSE/ID NO.(S) (9 digits)
<input type="checkbox"/> OPERATOR'S LICENSE	1. _____
<input type="checkbox"/> NON-DRIVER PHOTO ID CARD	2. _____
<input type="checkbox"/> YES, I WOULD LIKE TO BE AN ORGAN/TISSUE DONOR	<b>VESSEL INFORMATION</b>
<input type="checkbox"/> I NO LONGER WANT TO BE AN ORGAN/TISSUE DONOR	STATE _____ NUMBER _____ EXPIRATION DATE _____
<input type="checkbox"/> VESSEL REGISTRATION	<b>REGISTRATION INFORMATION</b>
<input type="checkbox"/> MOTOR VEHICLE REGISTRATION	TYPE OF PLATE (Camper, Passenger, Combination, etc) _____ MARKER PLATE NUMBER _____ EXPIRATION DATE _____
<input type="checkbox"/> CHANGE OF ADDRESS IS NOT FOR VOTER REGISTRATION PURPOSES	Month _____ Year _____
	Month _____ Year _____
	Month _____ Year _____
	Month _____ Year _____
	FORMER ADDRESS