

North Carolina Division of Motor Vehicles

NOTICE OF CHANGE OF ADDRESS REQUIRED WITHIN 60 DAYS

Year model _____ Make _____ Body style _____

VIN _____ Registration plate # _____

Title # _____ Handicapped Placard # _____

Registered Owner(s) _____

P.O. Box can be included in address, however, P.O. Box only is not acceptable.

Street, Road or RFD _____

_____ CITY STATE ZIP CODE

County _____ Driver License# _____

Please mail to:

NC Division of Motor Vehicles
3148 Mail Service Center
Raleigh, NC 27699-3148