

NOTICE OF CHANGE OF ADDRESS



FULL NAME (print name as shown on driver license or ID card)		DATE OF BIRTH	
DRIVER LICENSE OR ID CARD NUMBER (required)		PHONE NUMBER	
NOTE: Wyoming Statute 31-7-137 requires you to make application for a duplicate license within ten (10) days of a name or address change.			
MAILING ADDRESS	CITY	STATE	ZIP CODE
PHYSICAL ADDRESS	CITY	STATE	ZIP CODE
<i>I certify that the above is my new address and authorize the Department to change records listed under my name in their driver record files.</i>			
SIGNATURE		DATE	

FSDL-753 (06/05/13)
WYDOT – DRIVER SERVICES

Mail to: WYDOT-Driver Services
5300 Bishop Boulevard
Cheyenne, WY 82009-3340

-OR- Scan & email to quality@wyo.gov
-OR- Drop form by your local Driver Exam Office
Questions? Call Customer Service 307-777-4810