

**CHANGE OF ADDRESS FORM FOR
ARKANSAS MOTOR VEHICLE AND DRIVER'S LICENSE**

Vehicle License Number #1 _____ #3 _____
 #2 _____ #4 _____

Name(s) _____

Driver's License Number #1 _____
Driver's License Number #2 _____
Driver's License Number #3 _____
Driver's License Number #4 _____

New Street or Box Number _____

New City and/or Zip Code _____

Mail the completed form to:

Attention: Room #2033, Ragland Building
Department of Finance & Administration
P O Box 1272
Little Rock, AR 72203-1272