STATE OF ARKANSAS

Department of Finance and Administration

ARKANSAS DRIVER'S LICENSE AND IDENTIFICATION CARD CHANGE OF ADDRESS FORM

Use this form to change the address on your Arkansas state-issued Driver License or Identification (ID) card. You can also change your address at http://mydmv.arkansas.gov.

Mail this completed form to:

Department of Finance and Administration
Office of Driver Services
P.O. Box 1272
Little Rock, AR 72203

A replacement driver license or identification card with the updated address may be purchased at any Arkansas Revenue Office or online at http://mydmv.arkansas.gov .

Driver Information- All information is required to update your record.

PRINT or TYPE Your full name (Last, First, Middle)	Date of birth (mm/dd/yyyy)	Driver license number

New Residence Address- PO Box or Out of State Addresses will be denied.

New Residence Street Address			
City	State AR	Zip Code	County

Voter Information

If you would like to change your voter registration information, please complete the attached form and mail it to the address above.

☐ I do not want to use this information to update my voter registration.

Deadline Information:
To qualify to vote in the next election, you must apply to register to vote 30 days before the election. If you mail this form, it must be postmarked by that date. You may also present it to a voter registration agency representative by that date. If you miss the deadline you will not be registered in time to vote in that election. *Please don't delay. Make sure your vote counts.*

If you are qualified and the information on your form is complete, you will be notified of your voting precinct by your local County Clerk.

Signature

I certify under penalty of perjury under the laws of the State of Arkansas that the above information is true and correct.

Name *Date*

PLEASE PRINT AND USE BLACK INK TO COMPLETE

Rev. 1-24-19

ARKANSAS VOTER REGISTRATION APPLICATION

Check all that apply:
____ This is a new registration.
____ This is a name change.
____ This is an address change.
____ This is a party change.

Office Use Only

Assigned ID

1 Mr. Mrs. Miss Ms. | Last Name | Jr. Sr. II. III. IV. | First Name | Middle Name

2 Address Where You Live (See Section "C" Below) (Rural addresses must draw map.) | Apt. or Lot# | City/Town | County | State | ZIP Code

3 Address Where You Receive Mail If Different From Above | Apt. or Lot# | City/Town | County | State | ZIP Code

4 Date of Birth ____/____/____ (Month / Day / Year)

5 Home & Work Phone Numbers (Optional) **(H)** **(W)**

6 Party Affiliation (Optional)

7 E-mail Address (Optional)

8 Have you ever voted in a federal election in this State? ☐ Yes ☐ No

9 ID Number - Check the applicable box and provide the appropriate number.
☐ Arkansas Driver's license number _____
☐ **If you do not have a driver's license provide the last 4 digits of social security number** _____
☐ I have neither a driver's license nor social security number.

10
(A) Are you a citizen of the United States of America and an Arkansas resident? ☐ Yes ☐ No
(B) Will you be eighteen (18) years of age or older on or before election day? ☐ Yes ☐ No
(C) Are you presently adjudged mentally incompetent by a court of competent jurisdiction? ☐ Yes ☐ No
(D) Have you ever been convicted of a felony without your sentence having been discharged or pardoned? ☐ Yes ☐ No
If you checked No in response to either questions A or B, do not complete this form.
If you checked Yes in response to either questions C or D, do not complete this form.

Signature of elector - Please sign full name or put mark.

The information I have provided is true to the best of my knowledge. I do not claim the right to vote in another county or state. If I have provided false information, I may be subject to a fine of up to $10,000 and/or imprisonment of up to 10 years under state and federal laws.

Date: ____/____/____ (Month / Day / Year)

11 If applicant is unable to sign his/her name, provide name, address and phone number of the person providing assistance:
Name _____ Address: _____
City: _____ State: _____ Phone#: _____

Please complete the sections below if:

- You were previously registered in another county or state, or
- You wish to change the name or address on your current registration.

MAIL REGISTRANTS: PLEASE SEE SECTION D.

Agency Code (For Official Use Only)

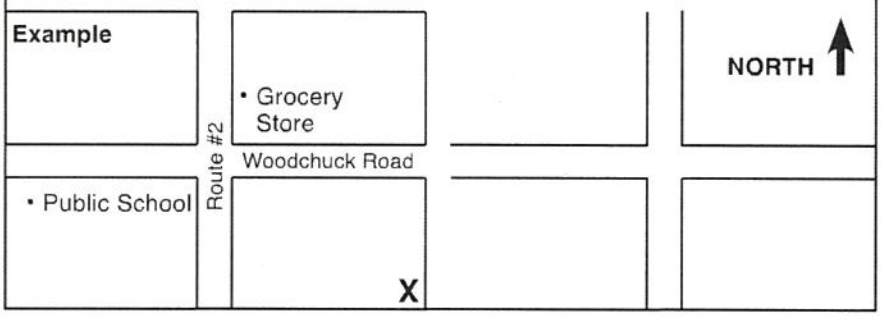
Date of Birth ____/____/____ (Month / Day / Year)

A Mr. Mrs. Miss Ms. | Previous Last Name | Jr. Sr. II. III. IV. | First Name | Middle Name

B Previous House Number and Street Name | Apt. or Lot# | City/Town | County | State | ZIP Code

If you live in a rural area but do not have a house or street number, or if you have no address, please show on the map where you live.

C
- Write in the names of the crossroads (or streets) nearest where you live.
- Draw an "X" to show where you live.
- Use a dot to show any schools, churches, stores or other landmarks near where you live and write the name of the landmark.



D

IDENTIFICATION REQUIREMENTS

IMPORTANT: Applicants will be required to verify their registration when voting in person or by absentee ballot by providing a required document or identification card as provided in Arkansas Constitution, Amendment 51, Section 13. If your voter registration application form is submitted by mail and you are registering for the first time, and you do not have a valid Arkansas driver's license number or social security number, in order to avoid the additional identification requirements upon voting for the first time you must submit with the mailed registration form: (a) a current and valid photo identification; or (b) a copy of a current utility bill, bank statement, government check, paycheck, or other government document that shows your name and address.