



North Carolina Division of Motor Vehicles Homebound Service Request

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| 1. Are you rendered "Homebound" due to an illness? | Yes | No |
| 2. Can you provide supporting Medical Documentation? | Yes | No |
| 3. Do you consent to a home or Virtual visit with a DMV representative? | Yes | No |
| 4. Have you ever had an issuance from the North Carolina DMV? | Yes | No |

5. Name: _____

6. Date of Birth: _____

7. Residence Address:

8. County: _____

9. Point of Contact: _____

10. Telephone Number: _____

11. Email Address: _____

Please submit this application via email to homebound@ncdot.gov or fax to **NC DMV – Central Issuance Unit at (919) 615-7289**. Upon receipt of the completed application, the point of contact will be contacted by a customer service representative to confirm if the requirements have been met.

(To Be Completed By DMV)

Request received via: Phone:

Email: