



**North Carolina Division of Motor Vehicles
Special Conditions Service Homebound
Customer Request**

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) 861-3393**. Upon receipt of the completed application, the point of contact will be contacted by a customer service representative to confirm if requirements have been met.

(To Be Completed By DMV)

Request received via: Phone: _____ Email: _____