



**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 visit from 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: _____<br>_____                          |     |    |
| 8. County: _____  |     |    |
| 9. Point of Contact: _____                                    |     |    |
| 10. Telephone Number: _____                                   |     |    |
| 11. Request received via: Phone _____ Email: _____            |     |    |

Please fax this application to NC DMV – Issuance Resolution Unit at (919) 861-3393. Attach your letter from the medical professional on his/her letterhead indicating that the customer is confined to a home, bed or facility. Once this is received, you will receive a call from a representative to confirm that you meet the requirements.