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

1. Name: _____
2. Date of Birth: _____
3. Residence Address: _____
4. Telephone Number: _____

5. Are you rendered "Homebound" due to an illness? Yes No
6. Can you provide supporting Medical Documentation? Yes No
7. Do you consent to a home visit from a DMV representative? Yes No
8. Have you ever had an issuance from the North Carolina DMV? Yes No

Please submit this application to homebound@ncdot.gov. Once this information is received, you will receive a telephone call from a customer service representative to confirm that you meet the requirements.