

**North Carolina Division of Motor Vehicles**

**NOTICE OF CHANGE OF ADDRESS REQUIRED WITHIN 60 DAYS**

Year model \_\_\_\_\_ Make \_\_\_\_\_ Body style \_\_\_\_\_

VIN \_\_\_\_\_ Registration plate # \_\_\_\_\_

Title # \_\_\_\_\_ Handicapped Placard # \_\_\_\_\_

Registered Owner(s) \_\_\_\_\_

**P.O. Box can be included in address, however, *P.O. Box only is not acceptable.***

Street, Road or RFD \_\_\_\_\_

\_\_\_\_\_ CITY STATE ZIP CODE

County \_\_\_\_\_ Driver License# \_\_\_\_\_

**Please mail to:**

NC Division of Motor Vehicles  
3148 Mail Service Center  
Raleigh, NC 27699-3148