



Forwarding Request

Instructions: Please print clearly and legibly.

Today's Date: _____

Full Name: _____

Date of Birth: _____

Driver License or ID
Card Number (if known): _____

Please initial **ONE** of the options below.

_____ **CHANGE OF ADDRESS & FORWARDING REQUEST:** I am authorizing the Department to forward my license/identification card to the following address AND authorizing the Department to change records listed under my name in their driver record files to the following address.

_____ **FORWARDING REQUEST ONLY:** I am authorizing the Department to forward my license/identification card to the following address, but do not desire a change of address.

Street Address

City

State

Zip

Signature: _____

Please return completed form to: Wyoming Department of Transportation, Driver Services, 5300 Bishop Blvd., Cheyenne, WY 82009 or fax to 307-777-3823.