



Idaho Change of Address Request

Idaho Transportation Department

ITD 3239 (Rev. 11-11)

Supply # 01-955042-5

This form changes both the driver's license address and the vehicle registration address as needed.

Mail Completed Form To:
 Driver Services
 Idaho Transportation Department
 PO Box 7129
 Boise ID 83707-1129

Or
 - Leave at any county driver's or auto license office
 - Fax to: (208) 287-3860
 - E-mail to: dmvadintctl@itd.idaho.gov
 Forms are available at dmv.idaho.gov

For State Use Only

--

Please Type or Print All Information

Full Legal Name		Former Name (If Recently Changed)	
Idaho Driver License/ID Card Number	Daytime Phone Number ()	Date of Birth	
License Plate Number (1 st Vehicle)	License Plate Number (2 nd Vehicle)	License Plate Number (3 rd Vehicle)	License Plate Number (4 th Vehicle)

Pursuant to Sections 49-320, 49-421, and 49-2444, Idaho Code, I request that my address now listed with the Idaho Transportation Department be changed to read as follows: (If you have a post office box number or general delivery address, you must also list your physical address.)

Physical Address	City	State Idaho	Zip Code
Mailing Address (If Different Than Physical Address)	City	State	Zip Code
Date	Signature		