

COUNTY OF MAUI SERVICE CENTER
DIVISION OF MOTOR VEHICLE & LICENSING
70 E. Kaahumanu Avenue, Suite A-17, Kahului, HI 96732
Phone: (808)-270-7363
Fax: (808)-270-7858

NOTICE OF CHANGE OF ADDRESS

(File within 30 days of change via in person, mail or by fax)

In order to record this with our office, you must include two proof of principal residence
Principal residence is defined as the location where a person currently resides even if the residence
location is temporary. Please refer to acceptable proof of principal residence document checklist.

NAME OF APPLICANT _____ DRIVER LICENSE NUMBER OR STATE OF HAWAII DRIVER LICENSE _____

MAILING ADDRESS CURRENTLY ON RECORD

Mailing
Address:

STREET OR P.O. BOX ADDRESS

CITY STATE ZIP CODE

NEW ADDRESS

Mailing
Address:

STREET OR P.O. BOX ADDRESS

CITY STATE ZIP CODE

Home
Address:

STREET ADDRESS

CITY STATE ZIP CODE

X

SIGNATURE OF LICENSED DRIVER

PRINTED NAME OF LICENSED DRIVER