



# Idaho Change of Address Request

Idaho Transportation Department

ITD 3239 (Rev. 03-16)  
Supply # 01-955042-5

**This form changes both the driver's license address and the vehicle registration address as required by Idaho Code. Drivers wishing to purchase a new Driver's License, Identification Card or Registration must visit the local county DMV.**

**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](mailto:dmvadintctl@itd.idaho.gov)  
You will receive a confirmation email

**Please Type or Print All Information**

Forms are available at [dmv.idaho.gov](http://dmv.idaho.gov)

Full Legal Name		Former Name (If Recently Changed)	
Idaho Driver License/ID Card Number	Daytime Phone Number (      )		Date of Birth
License Plate Number (1 <sup>st</sup> Vehicle)	License Plate Number (2 <sup>nd</sup> Vehicle)	License Plate Number (3 <sup>rd</sup> Vehicle)	License Plate Number (4 <sup>th</sup> 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 <b>Idaho</b>	Zip Code
Mailing Address (If Different Than Physical Address)	City	State	Zip Code
Date	Signature		

**Additional Residents**

Enter additional resident information for those residents who are requesting the same address change as shown above.

Full Legal Name (Printed)		Former Name (If Recently Changed)	
Idaho Driver License/ID Card Number	Daytime Phone Number (      )		Date of Birth
License Plate Number (1 <sup>st</sup> Vehicle)	License Plate Number (2 <sup>nd</sup> Vehicle)	License Plate Number (3 <sup>rd</sup> Vehicle)	License Plate Number (4 <sup>th</sup> Vehicle)
<b>Make Changes To:</b> <input type="checkbox"/> Physical Address <input type="checkbox"/> Mailing Address (if different) <input type="checkbox"/> Both			
Date	Signature		

Full Legal Name (Printed)		Former Name (If Recently Changed)	
Idaho Driver License/ID Card Number	Daytime Phone Number (      )		Date of Birth
License Plate Number (1 <sup>st</sup> Vehicle)	License Plate Number (2 <sup>nd</sup> Vehicle)	License Plate Number (3 <sup>rd</sup> Vehicle)	License Plate Number (4 <sup>th</sup> Vehicle)
<b>Make Changes To:</b> <input type="checkbox"/> Physical Address <input type="checkbox"/> Mailing Address (if different) <input type="checkbox"/> Both			
Date	Signature		

You will receive a confirmation e-mail.