



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
You will receive a confirmation email

Please Type or Print All Information

Forms are available at 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 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		

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 st Vehicle)	License Plate Number (2 nd Vehicle)	License Plate Number (3 rd Vehicle)	License Plate Number (4 th Vehicle)
Make Changes To: <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 st Vehicle)	License Plate Number (2 nd Vehicle)	License Plate Number (3 rd Vehicle)	License Plate Number (4 th Vehicle)
Make Changes To: <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.