



## Driver's License Number Change Request Form

Section 1: TECHNICIAN/APPLICANT INFORMATION			
First Name	Middle Initial	Last Name	
Email Address:		Phone Number:	
Section 2: DRIVER'S LICENSE INFORMATION			
Original Driver's License:		State of Issuance:	
New Driver's License:		State of Issuance:	
Section 3: REASON FOR CHANGE (Please check all that apply)			
<input type="checkbox"/> <b>Change of Name</b> Previous Name:	<input type="checkbox"/> <b>Moved from Another State</b> State:	<input type="checkbox"/> <b>Previous Used TIN#</b> (Non DL-Passport, State ID) ID Type:	<input type="checkbox"/> <b>Other (please specify)</b>
Section 4: ATTESTMENT AND SIGNATURES			
<i>I hereby certify that the information provided above is accurate and the facts stated in it are true.</i>			
Full Name of Technician:	Signature of Technician:	Date:	
Section 5: PROVIDER For Official Use Only			
Reviewed by: <i>Provider Name (Approved Instructor Name if applicable)</i>		<small>Provider Name and Person who did verification</small>	Date:
Approval Status: <input type="checkbox"/> Verified	Comments:		
Section 6: ADMINISTRATOR For Official Use Only			
Entered in Database by:		Date:	