CHANGE OF ADDRESS FOR OPERATOR'S LICENSES(S), VEHICLE REGISTRATION(S), VESSEL REGISTRATION(S) AND/OR ORGAN/TISSUE DONOR STATUS
B-58 REV. 11-2010

STATE OF CONNECTICUT
DEPARTMENT OF MOTOR VEHICLES
On The Web At ct.gov/dmv

INSTRUCTIONS - PLEASE PRINT INFORMATION

1. Joint owners may use this form if both operators' license numbers are listed.
2. Form must be signed and dated by all applicants.
3. Copy information from your current registration. If more than four (4) marker plate numbers, use additional change of address cards.
4. Keep your license(s) and registration(s). On the registration(s), cross out the old address and write the new address in the space provided. Affix the new address label to the **back** of your license(s). Labels can be obtained from any DMV Office or Police Department.

CHECK CHANGES

☐ OPERATOR'S LICENSE ☐ MOTOR VEHICLE REGISTRATION ☐ VESSEL REGISTRATION

☐ I CONSENT TO ORGAN AND TISSUE DONATION AND WISH TO BE IN THE DONOR REGISTRY ☐ I NO LONGER WISH TO BE IN THE DONOR REGISTRY

☐ CHANGE OF ADDRESS IS NOT FOR VOTER REGISTRATION PURPOSES

NAME *(Last, First, Middle Initial) - APPLICANT 1*

NAME *(Last, First, Middle Initial) - APPLICANT 2*

(NEW) MAILING ADDRESS *(No. and Street, City or Town, State, Zip Code)*

RESIDENT ADDRESS, IF DIFFERENT FROM MAILING ADDRESS

Tax Town - Connecticut town where vehicle in the normal course of operation most frequently leaves from, returns to or remains.

SIGNATURE DATE

X

SIGNATURE DATE

X

The information provided to the Commissioner of Motor Vehicles herein is subscribed by me, the undersigned, under penalty of false statement, in accordance with the provisions of Section 14-110 and 53a-157b of the Connecticut General Statutes. I understand that if I make a statement which I do not believe to be true with the intent to mislead the commissioner, I will be subject to prosecution under the above-cited laws.

LICENSE INFORMATION - OPERATOR'S LICENSE NUMBER(S) *(9 digits)*

1. 2.

VESSEL INFORMATION

STATE	NUMBER	EXPIRATION DATE

REGISTRATION INFORMATION

TYPE OF PLATE *(Camper, Passenger, Comb., etc)*	MARKER PLATE NUMBER	EXPIRATION DATE
		Month *Year*
		Month *Year*
		Month *Year*
		Month *Year*

FORMER ADDRESS

Mail this form to: DMV Data Entry, 60 State Street, Wethersfield CT 06161