



APPLICATION FOR CHANGE OF RECORD

VSA 71 (Rev. 06/01)

Website: www.dmvnow.com

RETURN TO:

Department of Motor Vehicles, Vehicle Services Administration, P. O. Box 27412, Richmond, Virginia 23269-0001

Complete the appropriate personal/vehicle information below and make a check mark in the box or boxes to indicate the change.

NAME (Last, First, Middle)		
VEHICLE TITLE NUMBER	MAKE	VEHICLE IDENTIFICATION NUMBER (VIN)
LICENSE PLATE NUMBER	VEHICLE GARAGED IN CITY/COUNTY OF:	

Complete all that apply.

ADDRESS CHANGE

Note: If requesting an address change, you must also provide information on where the vehicle is

Change my mailing address to:

Street _____ City _____ State _____ Zip Code _____

Change my residence address to:

Street _____ City _____ State _____ Zip Code _____

I would like my registration information to be sent to:

Street _____ City _____ State _____ Zip Code _____

Garage location of my vehicle is:

If this is a new garage jurisdiction, indicate the date you moved in: Date: _____

City/County/Town of: _____ State _____

VEHICLE INFORMATION CHANGE

Used solely for transporting persons to and from church or Sunday school for the purposes of devine worship only.

Written lease/agreement for a period of not less than 12 months with the lessee named.

LESSEE NAME/SIGNATURE _____

Increase or decrease the declared weight from _____ lbs. to _____ lbs.

Date vehicle was purchased _____

Date vehicle was sold _____

Body type: _____ Make _____

EMPLOYER ID # CHANGE

Note: Individual social security number changes must be made at a CUSTOMER SERVICE CENTER

Previous Number _____ Corrected Number _____

NAME CHANGE

Note: Individual name changes must be made at a CUSTOMER SERVICE CENTER

Business name changed from _____

to _____

(this represents a change of name only and not a change of ownership).

I certify that the information provided above is complete and correct.

Signature _____ Date _____