

COUNTY OF MAUI SERVICE CENTER  
DIVISION OF MOTOR VEHICLE & LICENSING  
70 E. Kaahumanu Avenue, Suite A-17, Kahului, HI 96732  
Phone: (808)-270-7363  
Fax: (808)-270-7858

**NOTICE OF CHANGE OF ADDRESS**

*(File within 30 days of change via in person, mail or by fax)*

In order to record this with our office, you must include two proof of principal residence  
Principal residence is defined as the location where a person currently resides even if the residence  
location is temporary. Please refer to acceptable proof of principal residence document checklist.

NAME OF APPLICANT

DRIVER LICENSE NUMBER OR STATE OF HAWAII DRIVER LICENSE

**MAILING ADDRESS CURRENTLY ON RECORD**

Mailing  
Address:

STREET OR P.O. BOX ADDRESS

CITY

STATE

ZIP CODE

**NEW ADDRESS**

Mailing  
Address:

STREET OR P.O. BOX ADDRESS

CITY

STATE

ZIP CODE

Home  
Address:

STREET ADDRESS

CITY

STATE

ZIP CODE

X

SIGNATURE OF LICENSED DRIVER

PRINTED NAME OF LICENSED DRIVER