

COUNTY OF KAUAI
DIVISION OF MOTOR VEHICLE & LICENSING
4444 RICE STREET, SUITE #480, LIHUE, HAWAII 96766
Email: kauaidl@kauai.gov
Phone: (808)241-4242
Fax: (808)241-6533

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