



Notify Change of Address (Driver/Vehicle)

FULL NAME:	
DATE OF BIRTH:	
BADGE NO: (Please list all badge numbers)	
PLATE NO: (Please list all plate numbers)	
OLD ADDRESS: <div style="text-align: right; padding-right: 20px;"> First line of address: Line 2: Line 3: Town/City: Postcode: </div>	
NEW ADDRESS: <div style="text-align: right; padding-right: 20px;"> First line of address: Line 2: Line 3: Town/City: Postcode: </div>	
DATE MOVED:	
TELEPHONE NUMBER:	

Declaration

Please read the following declaration carefully, **DO NOT** submit this form if any part of the following declaration is not true.

By submitting this form I confirm the information I have supplied above, is true to the best of my knowledge and belief. I understand I may be prosecuted if I make a false statement, or omit any relevant information. I am the person named above and I have either completed the application myself or have satisfied myself the information submitted on my behalf is accurate.

Ticking this box indicates you have W*n EMC /P u*reW*nBp@ orlf reW*nB52326eyo*nBT/F 10f 10ET4

FOR OFFICE USE ONLY:

DATE RECEIVED:	
OFFICER NAME:	
DATE DRIVER RECORD(S) UPDATED:	
DATE VEHICLE RECORD(S) UPDATED:	
DATE COPY FILED ON ALL RELEVANT DRIVER/VEHICLE FILES:	
PASSED TO ENFORCEMENT:	Yes <input type="checkbox"/> No <input type="checkbox"/>
DATE:	