



**COMMONWEALTH OF VIRGINIA**  
**Department of Criminal Justice Services**

**Attention: TOW TRUCK DRIVER REGISTRATION**

P.O. Box 1300, Richmond, VA 23218 • Phone: (804) 367-0715 • Fax: (804) 786-6344 [www.dcjs.virginia.gov](http://www.dcjs.virginia.gov)

**Tow Truck Driver – ADDRESS CHANGE FORM**

**IMPORTANT INFORMATION**

This request may take approximately 5 to 7 business days to process.

**Applicant Information**

DAD Number:	Last Name:	First Name:	MI:
Mailing Address (Street/Apt.#):		City, State, Zip:	
Physical Address (if different than mailing address):		City, State, Zip:	
Email Address:			
Home Phone: (     )	Business Phone: (     )	Fax: (     )	

**Affirmation**

I, the undersigned, certify that all information contained on this application is true and correct to the best of my knowledge and I have not omitted any pertinent information. I understand that any misrepresentation, falsification or omission of pertinent information may be cause for denial and may result in criminal charges.

Signature Required: \_\_\_\_\_

Date: \_\_\_\_\_  
mm/dd/yy