



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

P.O. Box 1300 • Richmond, VA 23218  
Phone: (804) 786-4700 • Fax: (804) 786-6344 [www.dcjs.virginia.gov/pss](http://www.dcjs.virginia.gov/pss)

Status Hotline  
(804) 786-1132  
1-877-9STATUS

**INDIVIDUAL ADDRESS CHANGE FORM**

**IMPORTANT INFORMATION**

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

**Applicant Information**

SSN or DCJS ID:	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: (     )	

**Employment Information**

Business Name:	DCJS ID Number: 11-
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**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