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| **DCJSlogo2011BWCOMMONWEALTH OF VIRGINIA** **Department of Criminal Justice Services**  **Attention: TOW TRUCK DRIVER REGISTRATION**  PO Box 1300, Richmond, VA 23218 • Phone: (804) 367-0714 • 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. | | | | | |
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| **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 | | | | | |