|  |
| --- |
| **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. |
|  |
|  **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 |