



MISSOURI DEPARTMENT OF

REVENUE

Change of Residency Statement

Resident Information	Name		Date of Birth (MM/DD/YYYY) ____ / ____ / _____		
	Missouri Driver License Number				
	New State of Residence		Date Residency Established (MM/DD/YYYY) ____ / ____ / _____		
	Current Address				
	City		State	ZIP Code	
	New License Application Date (MM/DD/YYYY) ____ / ____ / _____				

Signature	Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct.			
	Signature		Date (MM/DD/YYYY) ____ / ____ / _____	

The following information must be completed by an official in the new resident state.

Official Information	Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct. The above named person has attempted to apply for a license in this state.				
	State and Class of License				
	State Official's Name		Title		
	Office Address				
	City		State	ZIP Code	
	Telephone Number		Date (MM/DD/YYYY) ____ / ____ / _____		

Form 4788 (Revised 02-2014)

Mail To: Driver License Bureau
P.O. Box 200
Jefferson City, MO 65105-0200

Phone: (573) 526-2407

Fax: (573) 522-6062

E-mail: dlbmail@dor.mo.gov



Visit www.dor.mo.gov/drivers for additional information.