

DEPARTMENT OF CUSTOMER SERVICES
DIVISION OF MOTOR VEHICLE, LICENSING AND PERMITS
BICYCLE/MOPED NOTICE OF CHANGE OF ADDRESS
(File within 30 days of change)

License
Decal No. _____ Make _____ Year _____

Serial Number _____

(PRINT REGISTERED OWNER'S NAME AS IT APPEARS ON CERTIFICATE OF REGISTRATION)

**NEW MAILING
ADDRESS**

(NUMBER)

(STREET)

(APT. NO.)

(CITY)

(STATE)

(ZIP CODE)

(SIGNATURE OF REGISTERED OWNER)

(DATE)

CS-L(SS)214 (REV. 09/2013, Online Form)

Mail completed form to:

DMVLP

P.O. BOX 30350

HONOLULU, HI 96820-0350