

*Department of Highway Safety and Motor Vehicles*

CERTIFICATION OF ADDRESS

I do hereby certify that

\_\_\_\_\_

*First Middle Last*

Date of birth \_\_\_\_\_

Resides with me at

\_\_\_\_\_

*(street, state, zip code)*

*Home owner*     *Parent/Step-Parent*     *Shelter*  
 *Guardian*     *Transient*     *Other*\_\_\_\_\_

\_\_\_\_\_  
Signature of Addressee

\_\_\_\_\_  
Print Name of Addressee

\_\_\_\_\_  
Date

\_\_\_\_\_