



DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES
DIVISION OF DRIVER LICENSES
2900 Apalachee Parkway
Neil Kirkman Building - Tallahassee, FL 32399

Date _____

C E R T I F I C A T I O N O F A D D R E S S

I do hereby certify that:

Name (First) (Middle) (Last)

Date of Birth: _____

Is residing at/resides with me at:

Street, Apartment #

City State Zip Code

- | | | |
|-------------|---------------------|-----------|
| Home Owner* | Parent/Step-Parent* | Shelter** |
| Guardian* | Transient** | Landlord* |
| Inmate** | Other _____ | |

Signature of Addressee Print Name of Addressee Date

INSTRUCTIONS:

- * This form must be accompanied by two proofs of residential address in the addressee's name. (The proofs must be from different sources.)
- ** Customer will be required to complete certification of address form, if letter is presented and completed by a shelter, public assistance agency representative or the Department of Corrections for the customer named above. Two additional proofs will not be necessary. An exception will be required if no letter is presented.

