

## POSTAL SERVICE VERIFICATION OF NO MAIL DELIVERY SERVICE OR CHANGE OF MAILING ADDRESS

**INSTRUCTIONS:** This form is to be used only if regular postal service is not available. Submit completed form to your local Inspector.

### SECTION A: REASON FOR SUBMISSION — *Check one box.*

- ☐ **REQUEST FOR MAILING ADDRESS**  
*Licensee completes Section B, Postal Representative completes Section C*
- ☐ **CHANGE OF PREVIOUSLY APPROVED MAILING ADDRESS**  
*Licensee completes Section B*

### SECTION B: TO BE COMPLETED BY LICENSEE

BUSINESS NAME		OL NUMBER	
BUSINESS ADDRESS	CITY	STATE	ZIP CODE
MAILING ADDRESS (IF CHANGING MAILING ADDRESS, LIST NEW ADDRESS)	CITY	STATE	ZIP CODE
FORMER MAILING ADDRESS	CITY	STATE	ZIP CODE
PRINTED NAME OF LICENSEE		TITLE	
SIGNATURE OF LICENSEE <b>X</b>		DATE	

**NOTE TO LICENSEE:** *Business records must be maintained at your licensed and approved business address.*

### SECTION C: TO BE COMPLETED BY POSTAL REPRESENTATIVE

The above-identified business is requesting permission from the Department of Motor Vehicles to utilize a mailing address different than their approved business address. Please check the appropriate box regarding mail delivery at the business address listed in Section B:

☐ Rural

☐ Vandalism reported to U. S. Post Office

☐ Theft reported to U. S. Post Office

☐ Not a deliverable address (explain below)

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U.S. POSTMASTER'S STAMP

UNITED STATES POST OFFICE ADDRESS	CITY	STATE	ZIP CODE	AREA CODE/TELEPHONE NUMBER
PRINTED NAME OF POSTAL REPRESENTATIVE			TITLE	
SIGNATURE OF POSTAL REPRESENTATIVE <b>X</b>			DATE	