

SAFETY INSPECTOR NOTIFICATION FORM

CHECK ONE

- Change of Address
- Lost, Stolen or Mutilated License DATE _____

NAME _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

SOCIAL SECURITY NUMBER _____

DRIVER LICENSE NUMBER _____ STATE _____

HOME PHONE NO. () _____ BUSINESS PHONE NO. () _____

PRESENT INSPECTION STATION _____ STATION NUMBER _____

YOU MAY RETAIN A COPY OF THIS FORM FOR YOUR RECORDS UNTIL YOU RECEIVE YOUR PERMANENT LICENSE. INSPECTOR INFORMATION MAY BE SENT TO THE SAFETY DIVISION IN THE BY MAIL, FAX, OR EMAIL.

MAIL TO:
SAFETY DIVISION – MECHANICS FILES
DEPARTMENT OF STATE POLICE
7700 MIDLOTHIAN TURNPIKE
NORTH CHESTERFIELD, VA 23235

FAX:
804-674-2916

EMAIL:
BECKY.POWELL@VSP.VIRGINIA.GOV