



Iowa Department of Transportation

P.O. BOX 9204
DES MOINES, IA 50306-9204

800-532-1121
FAX: 515-239-1837

RESIDENCY STATEMENT

I, _____, do hereby attest to the following facts concerning my residency.

1. On _____ I became a resident in the State of _____
Month/Day/Year

2. My current address is: _____

City

State

ZipCode

3. I applied for a driver license in the state listed above on the following date: _____
Month/Day/Year

4. My date of birth is: _____
Month/Day/Year

5. My Iowa Driver License number or Social Security Number (SSN) is: _____

THE AFFIANT DOES HEREBY SWEAR AND ATTEST THAT THE AFOREMENTIONED STATEMENTS ARE TRUE AND CORRECT UNDER THE PENALTIES OF PERJURY.

SIGNATURE



THE FOLLOWING INFORMATION MUST BE COMPLETED BY AN OFFICIAL IN THE STATE OF RESIDENCE:

The above-named person has attempted to apply for a license in this state.

State and Class of License: _____

State Official's Name/Title: _____

Address: _____

Telephone Number: _____ Date: _____