

# **REQUEST FOR PRINT-OUT OF RESTORATION REQUIREMENTS**

**Complete and mail to:** NJ MVC Correspondence Unit  
225 E. State Street  
PO Box 134  
Trenton, NJ 08666-0134

I am interested in getting my NJ driver's license restored. I am requesting that my address of record be updated to reflect the address provided below and that the requirements for restoration of my New Jersey driving privileges be mailed to me at that address.

**NAME:** \_\_\_\_\_

**NJ DL#:** \_\_\_\_\_

**SOCIAL SECURITY:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**CURRENT ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ **This Address will become your address of record!**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

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