



**STATE OF VERMONT
 AGENCY OF TRANSPORTATION
 DEPARTMENT OF MOTOR VEHICLES
 120 State Street, Montpelier, VT 05603-0001**



NOTICE OF LEGAL NAME

TO: Vermont Department of Motor Vehicles
 Agency of Transportation
 120 State Street
 Montpelier, VT 05603-0001

I, _____, my legal name
 (Name currently known to DMV)
 being _____, am one and
 the same person.

I certify the above information is true to the best of my knowledge under penalty of 23 V.S.A. § 202.

Signature (legal name): _____

Date of Birth:

License Number: _____ **State:** _____

Social Security Number:

The disclosure of your social security or federal identification number is mandatory, is solicited by the authority granted by 42 U.S.C. § §405(c)(2)(C) and/or 666(a)(13) and will be used by the Department of Motor Vehicles in the administration of motor vehicle, tax and child support laws, to identify individuals affected by such laws.

Date Signed: