



## OUT OF STATE RESIDENCY AFFIDAVIT

State Form 56799 (R2 / 12-24)  
Indiana Bureau of Motor Vehicles

The legal authority for this form is IC 9-25-7-6.

**BUREAU OF MOTOR VEHICLES**  
**ATTN: Driver Compliance**  
100 North Senate Avenue  
Room N481  
Indianapolis, IN 46204

- INSTRUCTIONS:**
1. Fill out this form in its entirety in blue or black ink.
  2. The customer must take this form to the State Driver's License Authority to Complete the STATE DRIVER'S LICENSE AUTHORITY INFORMATION section.
  3. The customer must submit the form and proof of out of state residency to the Driver Compliance Department.

### GENERAL INFORMATION

Acceptable Proof of Out of State Residency Documents must contain the full residential address and the below applicant's name. A post office box will not be accepted.

- U.S. Postal Service change of address confirmation
- Utility company, credit card, doctor, vehicle loan or hospital bill issued within sixty (60) days of this form's submission.
- Residence mortgage or similar loan contract, or lease or rental contract
- Bank statement or bank transaction receipt, dated within sixty (60) days of this form's submission.
- Valid homeowner's, renter's or car insurance policy dated within one (1) year of this forms submission.
- Pre-printed pay stub, dated within sixty (60) days of application.
- Medicaid or Medicare benefit statement dated within sixty (60) days of application.

### APPLICANT INFORMATION

Applicant's Name ( <i>last, first, middle initial</i> )		Telephone	
Address ( <i>number and street</i> )	City	State	ZIP Code
Date of Birth ( <i>mm/dd/yyyy</i> )	Driver's License Number		

### STATE OF RESIDENCY INFORMATION

I am no longer a resident of the State of Indiana. I am now a resident of:	State
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I swear or affirm that the information entered on this form is correct. I understand that making a false statement may constitute the crime of perjury. If I return to the State of Indiana prior to the expiration date of the insurance requirement period, I understand that I will be required to meet the insurance requirements until the expiration date.

Signature of Applicant	Printed Name	Date ( <i>mm/dd/yyyy</i> )
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### STATE DRIVER'S LICENSE AUTHORITY INFORMATION

**The above named person has either obtained/applied or attempted to apply for a driver's license, learner's permit or identification card in this state.**

New State of Residency			
State Driver's License Authority Mailing Address	City	State	ZIP Code
Licensing Official's Name	Title		
Licensing Official's Signature	Telephone	Date ( <i>mm/dd/yyyy</i> )	