



Administrative Driver's License Revocation Office ("ADLRO")
American Savings Bank Tower
1001 Bishop Street, Suite 500
Honolulu, Hawai'i 96813
Telephone: (808) 534-6800 / Fax: (808) 534-6888
Toll Free Number: 1-866-826-5656
Website: www.courts.state.hi.us/courts/administrative/adlro.html

CHANGE OF ADDRESS

NAME: _____ ADLRO CASE NO.: _____
LAST FOUR DIGITS OF SSN: _____ EFFECTIVE DATE: _____

INSTRUCTIONS: Fill out all information that has changed as of effective date. Note that any changes will not take effect until the date that this form is actually received and processed by the ADLRO, or the effective date, whichever is later. If the effective date is left blank, the changes will take effect on the date that this form is actually received and processed by the ADLRO.

NEW CONTACT INFORMATION FOR RESPONDENT:

NAME: _____

ADDRESS: _____

PHONE: _____

OTHER: _____

I, (Print Name) _____, declare, under penalty of perjury, that the above information is true and correct to the best of my knowledge.

SIGNATURE OF RESPONDENT

DATE