



Taxis, Access & Mobility Services Division

A-Card Holder Address Change Form

PRINT LEGIBLY

A-Card #:

First and Last Name:

Enter name as printed on the California Driver's License

Address (# P.O Box):

Street

Apt#/Unit#

City

State

Zip

Phone Number:

Birthdate:

(MM/ DD/ YYYY)

CA Driver's License (CDL) NO:

CDL#

Expiration Date:

Are you a Medallion Holder? NO YES- Med # _____

Email Address:

Color Scheme: _____

Native Language: _____

Check if you would like to receive information regarding the taxi industry

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