

**SAFETY INSPECTOR NOTIFICATION FORM**

**CHECK ONE**

- Change of Address  
 Lost, Stolen or Mutilated License                      DATE \_\_\_\_\_

NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

DRIVER LICENSE NUMBER \_\_\_\_\_ STATE \_\_\_\_\_

HOME PHONE NO. (    ) \_\_\_\_\_ BUSINESS PHONE NO. (    ) \_\_\_\_\_

PRESENT INSPECTION STATION \_\_\_\_\_ STATION NUMBER \_\_\_\_\_

YOU MAY RETAIN A COPY OF THIS FORM FOR YOUR RECORDS UNTIL YOU RECEIVE YOUR PERMANENT LICENSE. INSPECTOR INFORMATION MAY BE SENT TO THE SAFETY DIVISION IN THE BY MAIL, FAX, OR EMAIL.

**MAIL TO:**  
SAFETY DIVISION – MECHANICS FILES  
DEPARTMENT OF STATE POLICE  
7700 MIDLOTHIAN TURNPIKE  
NORTH CHESTERFIELD, VA 23235

**FAX:**  
804-674-2916

**EMAIL:**  
[BECKY.POWELL@VSP.VIRGINIA.GOV](mailto:BECKY.POWELL@VSP.VIRGINIA.GOV)