



**North Carolina Division of Motor Vehicles  
Homebound Service Request**

1. Are you rendered "Homebound" due to an illness? Yes No
2. Can you provide supporting Medical Documentation? Yes No
3. Do you consent to a home or Virtual visit with a DMV representative? Yes No
4. Have you ever had an issuance from the North Carolina DMV? Yes No
5. Name: \_\_\_\_\_
6. Date of Birth: \_\_\_\_\_
7. Residence Address: \_\_\_\_\_  
\_\_\_\_\_
8. County: \_\_\_\_\_
9. Point of Contact: \_\_\_\_\_
10. Telephone Number: \_\_\_\_\_
11. Email Address: \_\_\_\_\_

Please submit this application via fax to **NC DMV – Central Issuance Unit at (919) 715-9635**. Upon receipt of the completed application, the point of contact will be contacted by a customer service representative to confirm if requirements have been met.

**(To Be Completed By DMV)**

---

---

Request received via: Phone: \_\_\_\_\_ Email: \_\_\_\_\_