



NAME OR ADDRESS CHANGE

SECTION 1. INSURANCE

In order for us to process your Name and/or Address Change we must receive a new insurance filing from your insurance company with the updated information.

**Note: if only your street address has changed (the city located on your current insurance form is the same), we do not need an updated insurance filing.*

SECTION 2. NAME CHANGE

If your business owners, business type or tax id have changed, your name cannot be changed using this form. YOU MUST FILL OUT AN MO-1 APPLICATION AND REQUEST A TRANSFER OF YOUR OPERATING AUTHORITY. If you are unsure if your name change requires a transfer of authority please contact our office for guidance.

PREVIOUS LEGAL NAME:	USDOT NO:
----------------------	-----------

NEW LEGAL NAME:

PREVIOUS DBA NAME:

NEW DBA NAME:

In order for us to process your name change request the following sources must reflect the new Legal and/or DBA Name:

- I have updated my Legal and/or DBA name with the USDOT.
- I have updated my Legal and/or DBA name with the Missouri Secretary of State (if applicable).

SECTION 3. ADDRESS CHANGE

NAME OF CARRIER:	USDOT NO:
------------------	-----------

PRINCIPAL PLACE OF BUSINESS ADDRESS

PREVIOUS:

STREET		
--------	--	--

CITY	STATE	ZIP CODE
------	-------	----------

NEW:

STREET		
--------	--	--

CITY	STATE	ZIP CODE
------	-------	----------

MAILING ADDRESS

PREVIOUS:

STREET		
--------	--	--

CITY	STATE	ZIP CODE
------	-------	----------

NEW:

STREET		
--------	--	--

CITY	STATE	ZIP CODE
------	-------	----------

In order for us to process your address change request the following source must reflect the new Principal and/or Mailing Address: I have updated my Principal and/or Mailing Address with the USDOT.

SECTION 4. SIGNATURE

APPLICANT SIGNATURE	APPLICANT PRINTED NAME	TITLE	DATE
---------------------	------------------------	-------	------

E-MAIL ADDRESS	PHONE NO.
----------------	-----------