



## NAME OR ADDRESS CHANGE FORM

USDOT NO:

### SECTION 1 - 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 at the number above for guidance.

**The following sources must reflect the new legal and/or DBA name in order to process your request:**

- I have updated my Legal and/or DBA name with the FMCSA (USDOT)
- I have updated my Legal and/or DBA name with the Missouri Secretary of State (if applicable)
- I have requested a new insurance filing from my insurance company with updated info to MoDOT MCS

|                  |  |
|------------------|--|
| PRIOR LEGAL NAME |  |
| PRIOR DBA NAME   |  |
| NEW LEGAL NAME   |  |
| NEW DBA NAME     |  |

### SECTION 2 - ADDRESS CHANGE

CARRIER NAME

**The following sources must reflect the new address in order to process your request:**

- I have updated my address with the FMCSA (USDOT)
- I have requested a new insurance filing from my insurance company with updated info to MoDOT MCS \*

*\*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*

NEW PRINCIPAL PLACE OF BUSINESS:

|        |  |       |  |
|--------|--|-------|--|
| STREET |  |       |  |
| CITY   |  | STATE |  |
|        |  | ZIP   |  |

NEW BUSINESS MAILING ADDRESS:

|        |  |       |  |
|--------|--|-------|--|
| STREET |  |       |  |
| CITY   |  | STATE |  |
|        |  | ZIP   |  |

### SECTION 3 - SIGNATURE

|                     |  |       |  |
|---------------------|--|-------|--|
| APPLICANT SIGNATURE |  | DATE  |  |
| PRINTED NAME        |  | TITLE |  |
| EMAIL ADDRESS       |  | PHONE |  |