

DATE RECEIVED BY DMV

MOTOR CARRIER (CA) #



NOTICE OF CHANGE

Motor Carriers of Property

This form is to be completed for a change of name, change of address, or adding or deleting a “doing business as” (dba) name. If your business entity (i.e., sole proprietorship, partnership, corporation) has changed in some way, a new application must be filed and a new CA number must be obtained from the California Highway Patrol.

CHANGE OF NAME
 CHANGE OF ADDRESS
 ADDING/DELETING DBA

SECTION A: INFORMATION ON RECORD WITH THE DEPARTMENT

Complete all items in this section.

BUSINESS NAME				
BUSINESS ADDRESS	CITY	COUNTY	STATE	ZIP CODE
MAILING ADDRESS (IF DIFFERENT)	CITY	COUNTY	STATE	ZIP CODE

SECTION B: REQUESTED CHANGES TO THE MOTOR CARRIER PERMIT ACCOUNT

Complete only the items that are changing.

BUSINESS NAME					
BUSINESS ADDRESS	CITY	COUNTY	STATE	ZIP CODE	TELEPHONE NUMBER ()
MAILING ADDRESS (IF DIFFERENT)	CITY	COUNTY	STATE	ZIP CODE	TELEPHONE NUMBER ()
ADD DBA			DELETE DBA		

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

SIGNATURE OF AUTHORIZED REPRESENTATIVE

X

If you have any questions please contact the Motor Carrier Permit Branch at (916) 657-8153.
Return the completed form to:

DEPARTMENT OF MOTOR VEHICLES
MOTOR CARRIER SERVICES BRANCH MS: G875
P. O. BOX 932370
SACRAMENTO, CA 94232-3700

Upon request, this document can be produced in Braille or Large Print. Phone services are available for the deaf or hearing impaired by calling (916) 657-5616 (TDD phone), or the California Relay Telephone Service at 1-800-735-2929 (TDD phone) and 1-800-735-2922 (voice phone).

