STATE OF CALIFORNIA
DMV
Department of Motor Vehicles

MOTOR CARRIER (CA) #

NOTICE OF CHANGE

Motor Carrier Permit

This form is to be completed for a change of name only, change of address, or adding or deleting a "Doing Business As" (DBA) name. If your business entity (i.e., individual, partnership, corporation, limited liability company) has changed in some way, a new application must be filed and a new CA number must be obtained from the California Highway Patrol. A Fictitious Business Name Statement is required when adding a DBA name.

☐ **CHANGE OF NAME** ☐ **CHANGE OF ADDRESS** ☐ **ADDING/DELETING DBA**

SECTION A: INFORMATION ON RECORD WITH THE DEPARTMENT

Complete all items in this section.

MOTOR CARRIER LEGAL NAME

BUSINESS ADDRESS	CITY	COUNTY	STATE	ZIP CODE

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

SECTION B: REQUESTED CHANGES TO THE MOTOR CARRIER PERMIT ACCOUNT

Complete only the items that are changing.

MOTOR CARRIER LEGAL NAME	TELEPHONE NUMBER
	( )

BUSINESS ADDRESS (NOT P.O. BOX OR PMB)	CITY	COUNTY	STATE	ZIP CODE

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

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	DATE
X	

If you have any questions, call (916) 657-8153.
Return the completed form to:

REGULAR ADDRESS:

DEPARTMENT OF MOTOR VEHICLES
REGISTRATION OPERATIONS DIVISION MS: H875
P. O. BOX 932370
SACRAMENTO, CA 94232-3700

OVERNIGHT ADDRESS:

DEPARTMENT OF MOTOR VEHICLES
REGISTRATION OPERATIONS DIVISION MS: H875
2415 1ST AVENUE
SACRAMENTO, CA 95818

Print Clear Form