



CHANGE OF ADDRESS and CONTACT INFORMATION

ACCOUNT NAME

Please check one or both and provide the account number(s):

() IRP ACCOUNT # () IFTA ACCOUNT #

OLD ADDRESS INFORMATION

Physical

Mailing

<i>Telephone Number:</i>

<i>Telephone Number:</i>

NEW ADDRESS and CONTACT INFORMATION

* *Physical*

Mailing

<i>Telephone Number:</i>

<i>Telephone Number:</i>

Name of New Contact (if applicable):

Change or Cancel Power of Attorney? YES NO New Power of Attorney is Enclosed? YES N/A

* **PROOF OF RESIDENCY** - To change your physical address, you must include three items from the following list with this completed form.

Signature _____

Title _____ *Date* _____

- Current copy of a Florida driver's license in your name.
- Copy of a document indicating your company is a Florida corporation or is registered to conduct business as a foreign corporation in Florida.
- Copy of document indicating you are a resident of Florida and the principal owner of a Florida corporation.
- Current copy of a Federal income tax return, in your name, indicating the return was filed from your Florida address.
- Current copy of a tax bill indicating real estate or personal property taxes have been paid in your name for your Florida address.
- Current copy of a utility bill paid in your name for your Florida address.
- Copy of a vehicle title or registration for a vehicle titled in Florida in your name.

MAIL COMPLETED FORM AND ANY OTHER ENCLOSURES TO:

Bureau of Motor Carrier Services – Neil Kirkman Building, MS-62 – 2900 Apalachee Parkway - Tallahassee, FL 32399-0626
Telephone (850) 617-3711 – FAX (850) 617-5185 – www.flhsmv.gov

OUR MISSION

*PROVIDING HIGHWAY SAFETY AND SECURITY THROUGH
EXCELLENCE IN SERVICE, EDUCATION, AND ENFORCEMENT*

OUR VISION

A SAFER FLORIDA !