



**Division of Motor Carriers
CHANGE OF COMPANY INFORMATION**

Office Use Only	
Initial and pass to next section.	
Tax Branch _____	
Credentials _____	
IRP _____	
OW/OD _____	

MAIL TO:

PO Box 2004, Frankfort KY 40602-2004

Phone: (502) 564-1257 Fax: (502) 696-3900 8:00 am – 4:30 pm EST

Walk-ins: 8:00 am – 4:00 pm EST

<http://drive.ky.gov>

COMPANY NAME: _____ (REQUIRED)

List all numbers that you currently have. Enter leading zeros. If multiple numbers, please list separately on another sheet.

KIT#: _____ KYU#: _____ IRP#: _____

IFTA#: _____ USDOT#: _____

Enter states initial and leading zeros.

KY Intrastate for Hire#: _____ KY Interstate Exempt for Hire#: _____

(VERIFICATION OF INSURANCE (FORM E) MUST BE SUBMITTED PRIOR TO THIS AGENCY PROCESSING A NAME CHANGE FOR THE KENTUCKY FOR HIRE AUTHORITIES)

NOTICE:

NAME CHANGE REQUEST WILL NOT BE PROCESSED UNTIL THE MOTOR CARRIER HAS UPDATED THEIR U.S. DOT NUMBER TO REFLECT THE NEW NAME. CONTACT YOUR BASE STATE FOR THE U.S. DOT MOTOR CARRIER IDENTIFICATION REPORT, FORM 150, (INDICATE 'UPDATE' FOR THE REASON OF FILING. YOU MAY OBTAIN THIS FORM FROM THE FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION'S (FMCSA) WEBSITE: [HTTP://WWW.FMCSA.DOT.GOV](http://www.fmcsa.dot.gov)

PREVIOUS FEIN#: _____ NEW FEIN#: (IF APPLICABLE) _____

PREVIOUS LEGAL NAME: _____

NEW LEGAL NAME: _____

PREVIOUS D/B/A: _____

NEW D/B/A: _____

(MOTOR CARRIERS THAT ARE REQUIRED TO MAINTAIN A BOND MUST SUBMIT A BOND RIDER)

PHYSICAL ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

CONTACT PERSON: _____

E-MAIL: _____

Signature: _____	Date: _____
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Note: Web filers (tax, permits, IRP etc.) please keep a current e-mail address on file for quarterly reminders and updates.