

**Passenger and Household Goods  
Change of Company Information**

## INSTRUCTIONS

This form allows the change of a company name, address, and contact information to an existing bus, charter bus, disabled persons vehicle, limousine, taxicab, transportation network company or household goods authority. You are required to follow these instructions to complete and mail or deliver this form to the Division of Motor Carriers. This form may be returned for the correction of any deficiencies.

### Name Change Requests

You are required to complete and submit the enclosed [Passenger and Household Goods Change of Company Information](#) form (page 2) and include the previous and new company name. If you are a sole proprietor requesting to change the assumed name, you are required to file with the county clerk where you maintain your principle place of business the [Certificate of Assumed Name for Sole Proprietor](#) (TC 95-615) available online at <http://transportation.ky.gov/Motor-Carriers/Pages/Forms-and-Applications.aspx>. The recorded copy of the Certificate of Assumed Name for Sole Proprietor form must be enclosed with this form. If you are a sole proprietor requesting to change the name to a business organization that is required to be registered with the Kentucky Secretary of State in order to do business in Kentucky, you may not use this form. You must file an application for new authority under the new business organization name.

### Address Change Requests

You are required to complete and submit the enclosed [Passenger and Household Goods Change of Company Information](#) form (page 2) and include the previous and new company address.

### Additional Requirements

Authorities with vehicles 10,001 lbs. or greater or transport more than 8 passengers (including the driver) for compensation with a USDOT number, must visit <http://www.fmcsa.dot.gov/> to update the company name and/or address prior to submitting this form.

Make sure all contact information is kept up to date and a current email address is on file to ensure the delivery of important correspondence, reminders and updates.

### Form Assistance

If you have questions about this form, please contact our call center at (502) 564-1257 for the Division of Motor Carriers, Qualifications and Permits Branch or by email at [kytc.passhhg@ky.gov](mailto:kytc.passhhg@ky.gov).



Kentucky Transportation Cabinet  
 Department of Vehicle Regulation  
**Division of Motor Carriers**  
**Passenger and Household Goods**  
**Change of Company Information**

**MAIL TO:**

P.O. Box 2007, Frankfort, KY 40602-2007  
 Phone: (502) 564-4127 8:00 AM - 4:30 PM EST  
 Walk-ins: 8:00 AM – 4:00 PM EST  
<http://transportation.ky.gov/dmc>

Name Change	<input type="checkbox"/>	Address Change	<input type="checkbox"/>	Company No.		(Required)
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Company Name		(Required)
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Previous Legal Name	
Previous Assumed Name	

New Legal Name	
New Assumed Name	

Previous Physical Address		
City	State	Zip

New Physical Address		
City	State	Zip

Previous Mailing Address		
City	State	Zip

New Mailing Address		
City	State	Zip

Phone	Fax
Contact Person	
Email	

The signature of the sole proprietor or authorized officer or registered agent of the Corporation, Partnership, or Limited Liability Company listed with the Kentucky Secretary of State is required.

Signature	Date
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