

## NAME CHANGE REQUEST

MAIL TO: Michigan Department of Transportation (MDOT)  
Regulatory Unit/B425  
425 W. Ottawa Street  
P.O. Box 30648  
Lansing, Michigan 48909

Forms may be scanned and emailed to the contact listed below as an attachment.

Please make the following name change for my Certificate of Authority with MDOT:

CURRENT AUTHORITY NUMBER		CURRENT NAME ON FILE WITH MDOT		
REQUESTED NAME CHANGE				
ADDRESS		CITY	STATE	ZIP CODE
TELEPHONE NUMBER	CELL PHONE NUMBER	FAX NUMBER		
E-MAIL ADDRESS				
CONTACT NAME				

The \$25.00 name change fee can be paid by calling the MDOT cashier at (517) 241-6001.

**NOTE:** This name change will not be effective until the carrier's insurance company(ies) forward, MDOT form 3040 Certificate of Insurance, with the new company name listed as the insured.

**MDOT CONTACT INFORMATION:** Robbie Smith  
Telephone: (517) 241-0679  
Fax: (517) 241-0127  
E-mail: [MDOT-BusLimo@Michigan.gov](mailto:MDOT-BusLimo@Michigan.gov)