

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