

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 NO.		CURRENT NAME ON FILE WITH MDOT		
REQUESTED NAME CHANGE				
ADDRESS		CITY	STATE	ZIP CODE
TELEPHONE NO.	CELL PHONE NO.	FAX NO.		
E-MAIL ADDRESS				
SIGNATURE		TITLE	DATE	

Enclosed are the following:

- A check in the amount of \$25 for name change payment.
- Proof of business organization (corporate papers or DBA papers, etc.).

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: SmithR@michigan.gov