

LIMOUSINE NAME CHANGE REQUEST

TO: Michigan Department of Transportation
Limousine Regulatory Unit - B-425
P.O. Box 30050 (425 W. Ottawa Street)
Lansing, Michigan 48909

Please make the following name change for my Limousine Certification of Authority with the Michigan Department of Transportation (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.	

Enclosed are the following:

1. My check in the amount of \$25 in payment for name change.
2. 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 the proof of insurance, MDOT form 3046, with the new name change information.

SIGNATURE	TITLE	DATE
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MDOT Contact Person: Robbie Smith/Michelle Weber-Currie
Telephone: (517) 241-0679, (517) 241-0680
Fax: (517) 241-0127