



# CHANGE OF ADDRESS INFORMATION

**ACCOUNT NAME**

*Please check one or both and provide the account number(s):*

( ) IRP ACCOUNT #

( ) IFTA ACCOUNT #

**OLD ADDRESS AND TELEPHONE NUMBER**

*Physical*


*Mailing*


**NEW ADDRESS AND TELEPHONE NUMBER**

**\* *Physical***


*Mailing*


\* PROOF OF RESIDENCY – To change your physical address, you must include three items from the following list with this completed form.

*Signature* \_\_\_\_\_

*Title* \_\_\_\_\_ *Date* \_\_\_\_\_

- Current copy of a Florida driver's license in your name.
- Copy of a document indicating your company is a Florida corporation or is registered to conduct business as a foreign corporation in Florida.
- Copy of document indicating you are a resident of Florida and the principal owner of a Florida corporation.
- Current copy of a Federal income tax return, in your name, indicating the return was filed from your Florida address.
- Current copy of a tax bill indicating real estate or personal property taxes have been paid in your name for your Florida address.
- Current copy of a utility bill paid in your name for your Florida address.
- Copy of a vehicle title or registration for a vehicle titled in Florida in your name.

**MAIL COMPLETED FORM AND/OR PROOF OF RESIDENCY ITEMS TO:**

**Bureau of Motor Carrier Services – Neil Kirkman Building, MS-62 – 2900 Apalachee Parkway - Tallahassee, FL 32399-0626**  
*Telephone (850) 617-3711 – FAX (850) 617-5185 – www.flhsmv.gov*

**OUR MISSION**

*PROVIDING HIGHWAY SAFETY AND SECURITY THROUGH  
EXCELLENCE IN SERVICE, EDUCATION, AND ENFORCEMENT*

**OUR VISION**

*A SAFER FLORIDA !*