



CHANGE OF ADDRESS and CONTACT INFORMATION

ACCOUNT NAME

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

() IRP ACCOUNT # () IFTA ACCOUNT #

OLD ADDRESS INFORMATION

Physical

Mailing

Telephone Number:

Telephone Number:

NEW ADDRESS and CONTACT INFORMATION

Physical

Mailing

Telephone Number:

Telephone Number:

Name of New Contact (if applicable)			
Change or Cancel Power of Attorney? YES <input type="checkbox"/> NO <input type="checkbox"/> New Power of Attorney is Enclosed? YES <input type="checkbox"/> N/A <input type="checkbox"/>			

* **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 indication 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, indication 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.

NOTE: A change to your physical address requires issuance of a new cab card.
Please enclose \$5.70 per vehicle.

MAIL COMPLETED FORM AND ANY OTHER ENCLOSURES TO:
Bureau of Commercial Vehicle and Driver 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!