



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

**DIVISION OF PUBLIC UTILITIES & CARRIERS  
MOTOR CARRIER SECTION  
89 JEFFERSON BLVD  
WARWICK, RI 02888**

## CHANGE OF ADDRESS FORM

Record to be changed:

PHYSICAL ADDRESS

COMPANY NAME: \_\_\_\_\_

MAILING ADDRESS

CERTIFICATE (S) #: \_\_\_\_\_

ENTER NEW ADDRESS:

Name
Address
City, State and Zip Code

Person completing this form: \_\_\_\_\_

Reason/Person Requesting Change: \_\_\_\_\_

Date: \_\_\_\_\_