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TDF 3

Application for Change of Name

Intrastate Carrier License / Certificate or Permit / Hazardous Waste Credential / Transportation Network Company Permit

OAC 165:30-3-51; OAC 165:30-13-51; OAC 165:30-15-8; OAC 165:30-17-34; OAC 165:30-6-7

1. USDOT Number (if applicable) _____ FEIN/SSN _____

2. Which type of authority do you currently hold from the Oklahoma Corporation Commission? (check all that apply)

- Intrastate For-Hire License
- Deleterious Substance Transport Permit
- Intrastate Private Carrier License
- Intrastate Household Good Certificate
- Hazardous Waste Registration/Permit
- Transportation Network Company Permit

3. Carrier Name (as shown on license) _____

Carrier DBA (as shown on license) _____

4. Addresses and Contact Information

<p>Mailing Address 1 c/o _____ P.O. or Street _____ City, State, Zip _____ Telephone No. _(_____) _____ Fax No. _(_____) _____ Email _____</p>	<p>Mailing Address 2 c/o _____ P.O. or Street _____ City, State, Zip _____ Telephone No. _____ Fax No. _____ Email _____</p>
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Should the address on file be changed to reflect the addresses above? YES NO

<p>Carrier's Physical Address or Location Street _____ City, State, Zip _____</p>	<p>Carrier's Contact Person _____ Telephone # _(_____) _____ Domicile County _____ Principle Place of Business State (PPB) _____</p>
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5. New Name of Carrier _____

New DBA of Carrier _____

6. Is the new name a corporation? YES NO If Yes, has there been a change in officers? YES NO

7. Is ownership the same under the new name as under the old? YES NO

8. If license is issued to an individual or a partnership and the new name is a corporation, is the individual or partners the sole shareholder(s) of the corporation? YES NO

The Applicant hereby declares that requirements for its license / permit / credential are currently on file and in effect at this time. The Applicant further declares that all statements and representations appearing in the foregoing application and all addendums are based upon its knowledge of the matters referred to and are true and correct.

Applicant's Signature _____ Applicant's Title _____

Attorney's Signature (if any) _____ Telephone No. _____

**OKLAHOMA CORPORATION COMMISSION
TRANSPORTATION DIVISION
P.O. BOX 52000, OKLAHOMA CITY, OKLAHOMA 73152-2000
JIM THORPE OFFICE BUILDING, ROOM 312, OKLAHOMA CITY, OK 73105
(405) 521-2251 FAX NO. (405) 521-2916
INTERNET ADDRESS HTTP://WWW.OCC.STATE.OK.US**

INSTRUCTIONS

Please print or type application.

- Application must be submitted with a **\$50** name change filing fee.
- A copy of the Certificate of Incorporation or Amended Certificate of Incorporation (if applicable) must be attached to this application.
- Proper insurance filings, affidavits or bonds must be placed on file with this Commission reflecting the new name.
- The name change process cannot begin until all requirements are met for the name change.
- This application must be signed by the owner (if an individual); if a partnership is adding or removing a partner(s) all partners (whether existing, added or removed) must sign the application; and if a corporation has amended its name, a corporate officer must sign the application. If the officers of the corporation have changed, a listing of all officers including the addresses of each must additionally be attached to this application.

1. The carrier's USDOT number must be listed (if applicable). If the carrier's new name has a different USDOT number, please list both numbers in this space. The identifying FEIN or SSN must also be listed. If the carrier's "new name" has a different FEIN or SSN number, please list both numbers in this space.

2. Please show the type of authority you have from the Commission

3. Please list the carrier's name and dba as currently shown on the license / permit / credential issued by the Commission.

4. Address and Contact Information. The Mailing Address 1 is the location where all correspondence is to be mailed to (permit service, attorney's office, carrier's address or other location may be listed). If the address listed in Mailing Address 1 is not the carrier's address, the carrier's address must be listed in the Mailing Address 2 column. Physical Address is for the carrier's actual physical location. If an out-of-state address, provide physical address of proposed/actual major Oklahoma terminal or Oklahoma home office in domicile county area. Please be sure to mark if the address on file with this Commission should be changed to reflect the addresses reflected on this application.

5. Please list the new name (and new dba if applicable) of the carrier as you wish it to be listed. The new name cannot be filed in a trade name only. A dba (doing business as) may be indicated, but the new name must be a legal entity (individual, corporation, partnership, etc.). If a partnership, the applicant must reflect the names of each of the partners. If the new name is other than a Sole Proprietorship and its principal place of business is Oklahoma, the Applicant must be properly filed with the Oklahoma Secretary of State's office (405) 521-3911.

Any change in legal entity of the holder of a license, certificate or permit or credential, including but not limited to incorporation or dissolution of a corporation or formation or dissolution of a partnership or trust shall not qualify as a name change, but shall require a new application.

Incorporation by a sole proprietor in which the sole proprietor is the sole shareholder of the corporation or incorporation by a partnership in which the partners are the sole shareholders of the corporation shall be considered a name change.