TDF 17
APPLICATION FOR ADDRESS CHANGE
OAC 165:30-3-16  OAC 165:30-13-16  OAC 165:30-15-7  OAC 165:30-17-35

USDOT Number ______________________________ OCC License No. or PIN No. ________________________________

1. Name of carrier (as it is on file with this Commission): ___________________________________________________

   DBA of carrier (if any, as it is on file with this Commission): ____________________________________________

2. Please show your address as it is now on file with this Commission.

   MAILING: _______________________________________________________________________________________
   _______________________________________________________________________________________
   PHYSICAL: _______________________________________________________________________________________
   _______________________________________________________________________________________

3. Please complete as you wish your address to be on file with this Commission:

   MAILING 1: _______________________________________________________________________________________
   _______________________________________________________________________________________
   Contact Person and Telephone No.: _________________________________ / (_______) ______________________

   MAILING 2: _______________________________________________________________________________________
   _______________________________________________________________________________________
   Contact Person and Telephone No.: _________________________________ / (_______) ______________________

   PHYSICAL: _______________________________________________________________________________________
   _______________________________________________________________________________________

4. Domicile County: ________________________________________________________________________________

Signature: _______________________________________________ Title: ________________________________________

INSTRUCTIONS ON REVERSE SIDE

Revised 06/10
INSTRUCTIONS

Please list the USDOT number assigned to the carrier or you may list the carrier’s License No. or PIN number.

Item 1. Please list the name and dba (doing business as, trade name) if any, of the carrier.

Item 2. Please list the mailing and/or physical address of the carrier as it is currently shown on file with the Oklahoma Corporation Commission.

Item 3. Mailing 1: Please list the address where you would like all Commission addressed items to be mailed to. Please list the name of a contact person and a telephone number that corresponds to this mailing address.

Mailing 2: If the address listed under Mailing 1 is not the actual mailing address of the carrier (for example: Mailing 1 is the mailing address of your permit service or attorney’s office), please show the actual mailing address of the carrier. Please list the name of a contact person and a telephone number that corresponds to this mailing address.

Physical: If the actual physical location of the carrier is different than either mailing address listed, please list the physical location of the carrier.

Item 4. Please list the county and state where the carrier is actually located (or the carrier’s terminal location if the carrier’s principle place of business is not Oklahoma).