



**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

**OKLAHOMA CORPORATION COMMISSION  
TRANSPORTATION DIVISION  
P.O. BOX 52000, OKLAHOMA CITY, OKLAHOMA 73152-2000  
2101 NORTH LINCOLN BLVD. OKLAHOMA CITY, OK 73105  
TELEPHONE NO. (405) 521-2251  
FAX NO. (405)521-2916  
INTERNET ADDRESS WWW.OCC.STATE.OK.US**

## 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).