United States Department of Transportation
**Federal Motor Carrier Safety Administration**

FMCSA — Office of Registration & Safety Information
6th Floor, 1200 New Jersey Ave. SE, Washington, DC
Fax: (202) 366-3477 *(Licensing)*
(202) 385-2422 *(Insurance)*
Customer Service: (800) 832-5660

FMCSA Office of Registration and Safety Information

**Motor Carrier Records Change Form**

# FORM MCSA-5889

***Name and address changes and reinstatements of operating authority*** *can be requested on our web site at https://li-public.fmcsa.dot.gov/LIVIEW/PKG_REGISTRATION.prc_option (supporting documents must be submitted separately). If you do not have access to the Internet you may submit this form to the above address or fax to 202-366-3477. There is no fee for an address change, but name changes cost $14 and reinstatements $80. For more assistance with these transactions and other Registration, Licensing and Insurance functions (including transfers of operating authority), see the FAQs at http://www.fmcsa.dot.gov/faq.*

*Please submit all the requested data in Section A as represented in your current DOT records. Changes can be indicated in Section B for address changes, Section C for name changes, and Section D for Reinstatements. Credit card information can be submitted in Section E. Any partially-submitted data will be kept for 30 days. If the rest of the information is not submitted within that time, the submitted data will be discarded.* ***FMCSA cannot make any changes until all required data is supplied.***

## Section A — ALL MUST COMPLETE

TODAY'S DATE

REQUESTOR'S FAX NUMBER *(include area code)*

REQUESTOR'S E-MAIL ADDRESS *(if any)*

### MOTOR CARRIER IDENTIFICATION INFORMATION:

CURRENT LEGAL NAME *(personal, partnership, or corporation)*

CURRENT "DOING BUSINESS AS NAME" *(if different from legal name)*

DOCKET/MC NUMBER | DOT NUMBER | MX NUMBER: *(MX only)* | RFC NUMBER: *(MX only)* | FF NUMBER: *(freight forwarders only)*

### ADDRESSES *(as currently listed in FMCSA systems)*:

STREET ADDRESS | CITY | STATE/PROV. | ZIP CODE - | TELEPHONE NUMBER *(include area code)*

### PHONE NUMBERS:

CURRENT BUSINESS NUMBER *(include area code)*

CURRENT CELL PHONE NUMBER *(include area code)*

### APPLICANT/REPRESENTATIVE SIGNATURE:

***Form was completed by:*** ◯ *Applicant* ◯ *Representative*

NAME *(print or type)*

TITLE

SIGNATURE

## Section B — ADDRESS CHANGES ONLY

***Submit Address Change Requests to FMCSALicensing@dot.gov or fax to (202) 366-3477.***

***MX Carriers only:*** ☐ I am enclosing a copy of my *Tarjeta de Circulacion* (required).

NEW STREET ADDRESS | NEW CITY | NEW STATE/COUNTRY | TELEPHONE NUMBER *(include area code)* | ZIP CODE -

## Section C — NAME CHANGES ONLY

***Is there any change in ownership, management, or control of the company? Are you a Mexican carrier? Submit Name Change Requests to FMCSALicensing@dot.gov or fax to (202) 366-3477.***

◯ **Yes** — *if you answer yes to one of the questions, you must report a transfer of authority or select one of the options in the next box:*

◯ **No** — *there is no change in ownership; skip the next box and enter new name below it:*

☐ I am making one of the following changes which does not require a transfer *(select one)* but does require documentation *(include with form submission)*:

- ◯ Addition or deletion of close blood relatives, *i.e.*, child, spouse, or sibling *(notarized letter enclosed)*
- ◯ Addition of partner through marriage *(marriage license enclosed)*
- ◯ Changes to existing corporation *(copy of articles of incorporation from the state government enclosed)*
- ◯ Deletion of partner through death *(copy of death certificate enclosed)*
- ◯ Deletion of spouse due to divorce *(copy of divorce agreement enclosed)*
- ◯ Incorporating *(copy of articles of incorporation from the state government enclosed)*
- ◯ I am an MX carrier and am also enclosing a copy of my *Tarjeta de Circulacion*

NEW LEGAL NAME
*(personal, partnership, or corporation)*

NEW "DOING BUSINESS AS NAME"
*(if different from legal name)*

- ◯ I authorize the Federal Motor Carrier Safety Administration to charge $14 to the credit card below for this name change.
- ◯ I have attached payment in the amount of $14 in the form of a check of money order, payable to FMCSA, to the address in Section E.

## Section D — REINSTATEMENT OF OPERATING AUTHORITY ONLY

***Submit Reinstatements to FMCSAReinstatements@dot.gov or fax (202) to 385-2422.***

**I would like to reinstate the following authority(s):**

☐ Motor carrier operating authority ☐ Broker authority ☐ Freight Forwarder authority

**Please check the box to indicate your assent to this statement:**

☐ I understand that reinstatements may not be processed immediately. It is the responsibility of the motor carrier to ensure that they are in full compliance with all FMCSA regulations prior to beginning interstate operations. More instructions can be found at www.fmcsa.dot.gov/FAQ.

**AND check one of the following options:**

- ◯ I authorize the Federal Motor Carrier Safety Administration to reinstate the operating authority of the Motor Carrier/Broker/Freight Forwarder identified above. I understand that the credit card below will be charged $80, and that this Authorization will be stored electronically with the credit card number obscured, except for the last four numbers.
- ◯ I authorize the Federal Motor Carrier Safety Administration to reinstate the operating authority of the Motor Carrier/Broker/Freight Forwarder identified above. I have attached payment of $80 in the form of a check or money order, payable to FMCSA, to the address in section E.

## Section E — PAYMENT: NAME CHANGES AND REINSTATEMENTS ONLY

***Pursuant to 49 CFR 360.3(c), fees are not refundable. After the application or document has been accepted for filing by the FMCSA, the filing fee will not be refunded, regardless of whether the document is granted or approved, denied, rejected, dismissed or withdrawn.***

CREDIT CARD NUMBER

◯ VISA ◯ MasterCard ◯ American Express ◯ Discover

EXPIRATION DATE

PAYMENT: ☐ $14 *(Name Change)* ☐ $80 *(Reinstatement)*

NAME ON CARD

BILLING ADDRESS

CITY

STATE/PROVINCE

ZIP CODE

SIGNATURE

DATE

☐ I am paying with a check or money order, which I will send with this form to:

◯ **Regular mail:**
Federal Motor Carrier Safety Administration
P.O. Box 530226
Atlanta, GA 30353-0226

◯ **Overnight express mail:**
Bank of America
Lockbox Number 530226
1075 Loop Road
Atlanta, GA 30337