



MOTOR CARRIER DIVISION
 555 Wright Way
 Carson City, NV 89711
 (775) 684-4711
 mctlc@dmv.nv.gov
dmv.nv.gov

CHANGE OF ADDRESS APPLICATION

Account Number: _____

Account Name: _____

New Mailing Address: _____
Street or P.O. Box City State Zip Code

New Nevada Physical Address: _____
Street or P.O. Box City State Zip Code

Previous Mailing Address: _____
Street or P.O. Box City State Zip Code

Previous Physical Address: _____
Street or P.O. Box City State Zip Code

Licensing Agent Name: _____

Mailing Address: _____
Street or P.O. Box City State Zip Code

Please indicate all types of licenses being changed:

- 100% Special Fuel License IFTA License Interstate Authority Intrastate Authority

Under penalties of perjury, the undersigned declares that the information given is, to the best of their knowledge, true, accurate, and complete.

Printed Name: _____ Phone Number: _____ - _____

Signature: _____ Date: _____