CHANGE OF ADDRESS REQUEST

North Dakota Department of Transportation, Motor Vehicle SFN 62320 (6-2023)

MOTOR VEHICLE DIVISION ND DEPT OF TRANSPORTATION 608 E BOULEVARD AVE BISMARCK ND 58505-0791 Telephone (701) 328-1287 Fax (701) 328-3500 Website: https://dot.nd.gov

Are you wanting to apply for dupl	icate credentials to re	flect the new inforr	mation requested?			
☐ Yes ☐ No						
There is a \$5 cab card fee for eac	h vehicle and one \$3	duplicate IFTA lice	nse fee if applicable.			
IRP Account Number	IRP Account	Name	US DOT Numbe			
Contact Name	Contact Phor	ne Number	Contact	Contact Email Address		
If you are wanting to change your	physical street addres	ss, please complet	e Section 1.			
Section 1:						
d Physical Street Address		City		State	ZIP Code	
New Physical Street Address		City		State	ZIP Code	
If you are wanting to change your	mailing address, plea	se complete Section	on 2.			
Section 2:						
Old Mailing Address		City		State	ZIP Code	
New Mailing Address		City		State	ZIP Code	
Please email to the Motor Carrier	office at: motorcarrier	<u>@nd.gov</u> or fax to:	(701) 328-3500		•	
Printed Name Leg		egal Signature		I	Date	