

NMPRC TRANSPORTATION DIVISION CHANGE OF ADDRESS

NEW MEXICO PUBLIC REGULATION COMMISSION  
TRANSPORTATION DIVISION  
P.O. BOX 1269  
SANTA FE, NEW MEXICO 87504-1269

Name on operating authority: \_\_\_\_\_

NMPRC No.: \_\_\_\_\_ Telephone: \_\_\_\_\_

Effective date of change: \_\_\_\_\_

Please change my address to all locations listed below:

Mailing \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Physical \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

If you have other location(s) other than above Physical address please complete locations listed below:

Equipment Location \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Records Location \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Printed Name\* \_\_\_\_\_

Signature\* \_\_\_\_\_

(\* if sole proprietorship, owner; if partnership, both signatures; if Corporation or LLC, officer or member)

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Date Commission expires

\_\_\_\_\_