

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
