NEBRASKA
Good Life. Great Future.
DEPARTMENT OF MOTOR VEHICLES

CHANGE NAME/ADDRESS SUPPLEMENT

NE MOTOR CARRIER SERVICES

Date: _____

Check Which applies:

☐ Change Name
☐ Change Address

Carrier/Fleet Number: _____

Current Legal Name: _____

New Legal Name: _____

Current Tax Identification Number (FTIN): _____ USDOT Number: _____

New Tax Identification Number (FTIN): _____ New USDOT Number: _____

D/B/A (Doing Business As) *if different from legal name* _____

Current Physical Address: _____

New Physical Address: _____

Current Mailing Address: _____
(If different from physical address)

New Mailing Address: _____
(If different from physical address)

Phone Number: _____ Email Address: _____

Signature: _____

Physical Address Change:

☐ **Establish Place of Business**
Please provide the following documents to verify your established place of business:

1. A photo of the **business signage** at your place of business.
2. A Photo showing the **posted Office Hours** at place of business.
3. A copy of **property tax statement** or **rental lease agreement.**

☐ **Nebraska Residency:**
Please provide the following documents to verify your Nebraska residency:

1. **Nebraska driver's license** showing your updated address.
2. **Property Tax statement** or **rental lease agreement**.
3. A **utility bill** dated within the l**ast 90 days** (electricity, gas, water, or garbage bill).
   ** If utility bills are not available, other documents may be accepted. Contact Motor Carriers Services*

Nebraska Motor Carrier Services
402-471-4435 • Fax 402-471-4024
PO Box 94729 • Lincoln, NE 68509

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