SOUTH CAROLINA OFFICE OF REGULATORY STAFF

ADDRESS CHANGE FORM *(11/30/2020)*

Company Name *(Include DBA if applicable)*

Address

City State Zip

Phone Number *(XXX) XXX-XXXX* E-Mail

RETURN INSTRUCTIONS

Mail

South Carolina Office of Regulatory Staff
Transportation Department
1401 Main Street, Suite 900
Columbia, SC 29201

Email

Transportation@ORS.SC.GOV

Please consider this my request for an address change of the following certificate:

1. Class C Taxi Certificate Number
2. Class C Charter Certificate Number
3. Class C Charter Bus Certificate Number
4. Class C Non-Emergency Certificate Number
5. Class C Stretcher Van Certificate Number
6. Class E Household Goods Certificate Number
7. Class E Hazardous Wastes Certificate Number

1.
2.
3.
4.
5.
6.
7.

I am changing my:

☐ Street Address

☐ Mailing Address

NEW STREET ADDRESS

Address

City State Zip

NEW MAILING ADDRESS

Address

City State Zip

Name

Title

Signature **Date**