

**ADDRESS CHANGE FORM**

To update your company's address, please complete the following form.  
The form can be submitted via mail or email to the Office of Regulatory Staff, as follows:

**Office of Regulatory Staff Transportation Department**

1401 Main Street, Suite 900  
Columbia, SC 29201

Email: [Transportation@ORS.SC.GOV](mailto:Transportation@ORS.SC.GOV)

**Certificate Type (Select One):**

Charter                  Non-Emergency                  Stretcher Van                  Taxi

**Company Contact Information:**

Company Name \_\_\_\_\_  
DBA Name (if applicable) \_\_\_\_\_  
Docket No. \_\_\_\_\_  
Old Mailing Address \_\_\_\_\_  
Email \_\_\_\_\_

**New Location Address:**

Address \_\_\_\_\_  
City, State \_\_\_\_\_ Zip \_\_\_\_\_

**New Mailing Address:**

Same as Location Address

Address \_\_\_\_\_  
City, State \_\_\_\_\_ Zip \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_