

# CONTACT CHANGE FORM

To update your company's contact, 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)

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### Certificate Type (Select One):

Charter

Non-Emergency

Stretcher Van

Taxi

### Company Contact Information:

Company Name \_\_\_\_\_

DBA Name (if applicable) \_\_\_\_\_

Docket No. \_\_\_\_\_

Mailing Address \_\_\_\_\_

Email \_\_\_\_\_

### New Contact:

Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Phone Number \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_