

## ORS Contact Change Form

To update your company's contact, please complete the following form. The form can be submitted via email or mailed to the ORS, as follows:

## Office of Regulatory Staff: Transportation Department

1401 Main Street, Suite 900 Columbia, SC 29201			Email: <u>Transportation@ORS.SC.GOV</u>			
<b>Certificate Type (Check all that apply):</b> Contact Information will be applied to all Certificate Types selected.						
□ Charter	□ Charter Bus	□ Non- Emergency	□ Stretcher Van	🗆 Taxi	□ HHG	
Current Compa	ny Contact Info	ormation:				
Company Name DBA Name (if a Docket No.('s) Email	e					
New Company		nation (Check a	ll that apply):			
Address City, State				Zip		
□ Mailing Add Address City, State	ress: □ Same as i	Location Address				
Primary Con	tact:					
Name Title Address Email			Phone	Number		
Signature		Date				