



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

I am changing my:

Street Address

NEW STREET ADDRESS

Address

City State Zip

Mailing Address

NEW MAILING ADDRESS

Address

City State Zip

Name

Title

Signature

Date