A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0060. Public reporting for this collection of information is estimated to be approximately 15 minutes per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are voluntary. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRA, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.

United States Department of Transportation
Federal Motor Carrier Safety Administration

FMCSA — Office of Registration & Safety Information
6th Floor, 1200 New Jersey Ave. SE, Washington, DC
Fax: (202) 366-3477 *(Licensing)*
(202) 385-2422 *(Insurance)*
Customer Service: (800) 832-5660

FMCSA Office of Registration and Safety Information

Motor Carrier Records Change Form

FORM MCSA-5889

Name and address changes and reinstatements of operating authority *can be requested on our web site at https://li-public.fmcsa.dot.gov/LIVIEW/PKG_REGISTRATION.prc_option (supporting documents must be submitted separately). You may submit this form to the above address, via our web form at https://ask.fmcsa.dot.gov/app/ask, or fax it to 202-366-3477. There is no fee for an address change, but name changes cost $14 and reinstatements $80. For more assistance with these transactions and other Registration, Licensing and Insurance functions (including transfers of operating authority), see the FAQs at https://ask.fmcsa.dot.gov.*

Please submit all the requested data in Section A as represented in your current DOT records. Changes can be indicated in Section B for address changes, Section C for name changes, and Section D for Reinstatements. Credit card information can be submitted in Section E. Any partially-submitted data will be kept for 30 days. If the rest of the information is not submitted within that time, the submitted data will be discarded. ***FMCSA cannot make any changes until all required data is supplied.***

Section A — ALL MUST COMPLETE

TODAY'S DATE

REQUESTOR'S FAX NUMBER *(include area code)* REQUESTOR'S E-MAIL ADDRESS *(if any)*

MOTOR CARRIER IDENTIFICATION INFORMATION:

CURRENT LEGAL NAME *(personal, partnership, or corporation)* CURRENT "DOING BUSINESS AS NAME" *(if different from legal name)*

DOCKET/MC NUMBER DOT NUMBER MX NUMBER: *(MX only)* RFC NUMBER: *(MX only)* FF NUMBER: *(freight forwarders only)*

ADDRESSES *(as currently listed in FMCSA systems)*:

STREET ADDRESS CITY STATE/PROV. ZIP CODE - PHONE *(plus area code)*

PHONE NUMBERS:

CURRENT BUSINESS NUMBER *(include area code)* CURRENT CELL PHONE NUMBER *(include area code)*

FORM COMPLETED BY: ◯ ***Applicant*** ◯ ***Representative***

NAME *(print or type)*

TITLE SIGNATURE

Section B — ADDRESS CHANGES ONLY

Submit Address Change Requests via our web form at https://ask.fmcsa.dot.gov/app/ask or fax to (202) 366-3477.

MX Carriers only:

☐ I am enclosing a copy of my *Tarjeta de Circulacion* (required).

NEW STREET ADDRESS NEW CITY NEW STATE/COUNTRY PHONE *(plus area code)* ZIP CODE -

☐ *Check if new physical and mailing addresses are the same. Otherwise, complete mailing address information below.*

NEW MAILING ADDRESS MAILING CITY MAIL STATE/COUNTRY PHONE *(plus area code)* ZIP CODE -

Section C — NAME CHANGES ONLY

Submit Name Change Requests and documentation via our web form at https://ask.fmcsa.dot.gov/app/ask or fax to (202) 366-3477.

IS THERE ANY CHANGE IN OWNERSHIP, MANAGEMENT, OR CONTROL OF THE COMPANY? ARE YOU A MEXICAN CARRIER?

☐ **Yes** — *if you answer yes to one of the questions, you must report a transfer of authority or select one of the options in the next box:*

☐ **No** — *there is no change in ownership; skip the next box and enter new name below it:*

☐ I am making one of the following changes which does not require a transfer *(select one)* but does require documentation *(include with form submission)*:

- ◯ Hand-over to or addition/deletion of close blood relatives, *i.e.,* child, spouse, or sibling *(notarized letter enclosed)*
- ◯ Addition of partner through marriage *(marriage license enclosed)*
- ◯ Changes to existing corporation *(copy of articles of incorporation from the state government enclosed)*
- ◯ Deletion of partner through death *(copy of death certificate enclosed)*
- ◯ Deletion of spouse due to divorce *(copy of divorce agreement enclosed)*
- ◯ Incorporating *(copy of articles of incorporation from the state government enclosed)*
- ◯ I am an MX carrier and am also enclosing a copy of my *Tarjeta de Circulacion*

NEW LEGAL NAME *(personal, partnership, or corporation)*

NEW "DOING BUSINESS AS NAME" *(if different from legal name)*

◯ I authorize the Federal Motor Carrier Safety Administration to charge $14 to the credit card below for this name change.

◯ I have attached payment in the amount of $14 in the form of a check of money order, payable to FMCSA, to the address in Section E.

Section D — REINSTATEMENT OF OPERATING AUTHORITY ONLY

Submit Reinstatement Requests via our web form at https://ask.fmcsa.dot.gov/app/ask or fax to (202) 385-2422.

I WOULD LIKE TO REINSTATE THE FOLLOWING AUTHORITY(s):

☐ Motor carrier operating authority ☐ Broker authority ☐ Freight Forwarder authority

PLEASE CHECK THE BOX TO INDICATE YOUR ASSENT TO THIS STATEMENT:

☐ I understand that reinstatements may not be processed immediately. It is the responsibility of the motor carrier to ensure that they are in full compliance with all FMCSA regulations prior to beginning interstate operations. Authority will not be reinstated until BOC-3 Form (Designation of Process Agent) and required insurance are on file. More instructions can be found at http://www.fmcsa.dot.gov/registration/insurance-requirements.

***and* CHECK ONE OF THE FOLLOWING OPTIONS:**

◯ I authorize the Federal Motor Carrier Safety Administration to reinstate the operating authority of the Motor Carrier/Broker/Freight Forwarder identified above. I understand that the credit card below will be charged $80, and that this Authorization will be stored electronically with the credit card number obscured, except for the last four numbers.

◯ I authorize the Federal Motor Carrier Safety Administration to reinstate the operating authority of the Motor Carrier/Broker/Freight Forwarder identified above. I have attached payment of $80 in the form of a check or money order, payable to FMCSA, to the address in section E.

Section E — PAYMENT: NAME CHANGES AND REINSTATEMENTS ONLY

Pursuant to 49 CFR 360.3(c), fees are not refundable. After the application or document has been accepted for filing by the FMCSA, the filing fee will not be refunded, regardless of whether the document is granted or approved, denied, rejected, dismissed or withdrawn.

CREDIT CARD NUMBER

◯ VISA ◯ MasterCard
◯ American Express ◯ Discover

EXPIRATION DATE

PAYMENT: ☐ $14 *(Name Change)* ☐ $80 *(Reinstatement)*

NAME ON CARD

BILLING ADDRESS

CITY

STATE/PROVINCE

ZIP CODE ____-____

SIGNATURE

DATE

☐ I am paying with a check or money order, which I will send with this form to:

◯ **Regular mail:** Federal Motor Carrier Safety Administration
P.O. Box 530226
Atlanta, GA 30353-0226

◯ **Overnight express mail:** Bank of America
Lockbox Number 530226
1075 Loop Road
Atlanta, GA 30337