



Taxi Company Change of Address

Name of company: _____

Name of owner/contact for company: _____

Phone number for company: _____

Old address: _____

New address: _____

Name and Address of Insurance Company: _____

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF APPROVED FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR REVOKED LICENSES. I FURTHER AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED AND ATTACHED HEREIN"

DATE _____ SIGNATURE _____

***** OFFICE USE ONLY *****

Received by:

Signature: _____ Date: _____