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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/LIVEW/PKG\\_REGISTRATION.prc\\_option](https://li-public.fmcsa.dot.gov/LIVEW/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 the answer to one of the above questions is yes, you must report a transfer of authority unless one of the options in the box below applies to you (select one).

**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 or 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**

Submit credit card requests via our web form at <https://ask.fmcsa.dot.gov/app/ask> or fax to (202) 385-2422.

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.

_____	VISA	MasterCard	_____	\$14 (Name Change)
CREDIT CARD NUMBER	American Express	Discover	EXPIRATION DATE	PAYMENT: \$80 (Reinstatement)
_____	_____	_____	_____	_____
NAME ON CARD	BILLING ADDRESS		CITY	
_____	_____	_____	_____	_____
STATE/PROVINCE	ZIP CODE	SIGNATURE		DATE

CHECKS/MONEY ORDERS ONLY: I am NOT paying by credit card, but 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