

Change of Business Address

OLD INFORMATION

MnDOT Number: _____

Company Name: _____

Old Address: _____

City, State, Zip Code: _____

Phone Number: _____

NEW INFORMATION

New Address: _____

City, State, Zip Code: _____

Authorized Signature: _____

**Please have your insurance company submit an updated Form E
with the current address to our office.**

You may email this to CredentialsUnit.DOT@state.mn.us or return by mail to the address listed at the
top of this form.