



REGISTRAR, PASSENGER TRANSPORTATION BRANCH
Change of Address Application

1. Legal Name of Carrier/Applicant

Carrier Name:
Passenger Transportation Reference or Application Number:

2. OLD Address

Business Mailing Address:
Physical Location of Records (if different):
Phone:
Email:
Postal/Zip Code:
Postal/Zip Code:
Fax:
Web Site:

3. NEW Address

Business Mailing Address:
Physical Location of Records (if different):
Phone:
Email:
Postal/Zip Code:
Postal/Zip Code:
Fax:
Web Site:

4. Effective Date of Change(s)

Effective Date:

I (we) declare that the statements and information contained in this change of address application form are true and correct; and I (we) understand that they are subject to verification and that any false or misleading representations could result in enforcement sanctions pursuant to Section 57 (2)(h) of the Passenger Transportation Act (RS Chap.39). This form must be signed by the applicant, a principal of the corporation or all partners in the partnership.
Full Name:
Signature:
Title:
Date:
Full Name:
Signature:
Title:
Date:

Ministry of Transportation
Passenger Transportation Branch
104, 4240 Manor St.
BURNABY, BC
V5G 1B2
Telephone (604) 453-4250
Facsimile (604) 453-4253