

## **CHANGE OF ADDRESS**

1. Legal Name of Licensee or App	licant (check one of the boxes and w	rite the FULL legal name(s) on the line(s) below)
☐ Individual / Sole Proprietor:	Partnership (Name each partner):	Full Name of Legal Entity (i.e. Corporation, LLC, Society, City):
Legal Name(s):		
Passenger Transportation Licence No.		
2. OLD Address		
Business Mailing Address:		
City & Province/State		Postal/Zip Code:
Physical Location of Records (if different):		
City & Province/State		Postal/Zip Code:
Phone:	Fax: _	
Email:	Website: _	
3. NEW Address		
Business Mailing Address:		
City & Province/State		Postal/Zip Code:
Physical Location of Records		
(if different):		
City & Province/State		Postal/Zip Code:
Phone:		
Email:	Website: _	
4. Effective Date of Change		
Effective Date:		
Fransportation Branch under section 26(c) enforcing the Passenger Transportation Ad	of the Freedom of Information and Prote and Passenger Transportation Regulati	stry of Transportation and Infrastructure – Passenger ction of Privacy Act (FOIPPA) for administering and on. Should you have any questions about the collection of ch, 200 – 1500 Woolridge St. Coquitlam BC, 604-527-2198,
This declaration must be signed b partnership or a principal of the le		dividual (sole proprietor), all partners in the ociety, city).
	subject to verification and that any fal	ge of address application form are true and correct; lse or misleading representations could result in ansportation Act (RS Chap.39).
Full Name:		Title:
Signature:		Date:
Full Name:		Title:
Signature:		Date:
<del></del>		

Phone: 604-527-2198

Fax:

604-527-2205

Elsewhere in BC: 1-800-663-7867