

STATE OF LOUISIANA
LA Public Service Commission
Post Office Box 91154
Baton Rouge, Louisiana 70821-9154

Telephone: (225) 342-4439 or (888) 342-5717
LPSC Website: www.lpsc.louisiana.gov

The commission maintains a listing of all Intrastate Motor Carriers which contains certain general information as requested on this form which should be completed and immediately returned to this office. *I understand the Commission must be notified in writing of any changes to our company's account. This is to inform the Commission of the following changes:

COMPANY NAME*: _____ **LPSC#:** _____

*If your company name has changed, you must contact this office to obtain the proper name change application.

NEW MAILING ADDRESS: _____

NEW PHYSICAL ADDRESS: _____

TELEPHONE: (_____) _____ FAX: (_____) _____

OTHER CONTACT NUMBERS: (_____) _____

EMAIL _____@_____

COMPANY TAX REPORTING YEAR (Mark ONLY one box) & FEIN# _____

- Company's Tax reporting year is on a CALENDAR basis reporting January 01 to December 31 each year.
 Company's Tax reporting year is on a FISCAL basis reporting from _____ to _____ each year.
Month/Day Month/Day

LIST ALL COMPANY OWNERS, OFFICERS AND/OR MEMBERS and PERCENTAGES OF OWNERSHIP:

Name	Title	Percentage of Ownership
_____	<input type="checkbox"/> President or <input type="checkbox"/> Member	_____
_____	<input type="checkbox"/> Vice President or <input type="checkbox"/> Member	_____
_____	<input type="checkbox"/> Secretary or <input type="checkbox"/> Member	_____

LIST ALL COMPANY REGULATORY CONTACTS FOR EACH CATEGORY BELOW:

Name	Phone Number	Email
Annual Reports: _____	_____	_____
Renewals: _____	_____	_____
Insurance: _____	_____	_____
All Other Regulatory: _____	_____	_____

LIST ALL COMPANY TERMINALS:

I understand that the information contained on this form may be shared with the Louisiana Department of Revenue for purposes of Inspection and Supervision Fees.

Printed Name of person providing information

Signature