



# Information Update Form

## PART 1: IDENTITY OF PERSON OR BUSINESS ENTITY

ILCC Number:
Full Legal Name:
Trade Name, if applicable:

## PART 2: REVISION TO INFORMATION

**PLEASE NOTE: ONLY FEIN AND SSN REVISIONS ARE REQUIRED TO BE SIGNED BEFORE A NOTARY PUBLIC**

**Business Address:**

Current business address on file with the Commission:			Change to the following business address:		
Street:			Street:		
City:	State:	Zip Code:	City	State:	Zip Code:

**Mailing Address:**

Current mailing address on file with the Commission:			Change to the following mailing address:		
Street:			Street:		
City:	State:	Zip Code:	City	State:	Zip Code:

**E-mail Address:**

Current e-mail address on file with the Commission:	Change to the following e-mail address:
<input type="checkbox"/> None _____	_____

**Telephone Number:**

Current business telephone number on file with the Commission	Change to the following business telephone number:
<input type="checkbox"/> None _____	_____

**Federal Employee Identification Number (FEIN)** for Corporations, LLCs and Partnerships only:

Current FEIN on file with the Commission:	Change to the following FEIN:
<input type="checkbox"/> None _____	_____

**Social Security Number (SSN)** for individuals and sole proprietors only:

Current SSN on file with the Commission:	Change to the following SSN:
<input type="checkbox"/> None _____	_____

**USDOT Number:**

Current USDOT # on file with the Commission:	Change to the following USDOT #:
<input type="checkbox"/> None _____	_____

<b>ILCC OFFICE USE ONLY</b>
Date Received:



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## PART 3: VERIFICATION

<b>INSTRUCTIONS</b>			
This form must be signed by the individual or an authorized person on behalf of the business entity (sole proprietor, partner, corporate officer, member or an authorized employee of the business entity on behalf of the business entity). <b><u>PLEASE NOTE that if the FEIN or SSN is being revised, this form must be signed before a notary public.</u></b>			
I, the undersigned, under penalty for false statement, certify that the above information is true and accurate and that I am authorized to execute and file this document on behalf of the person or business entity named in Part 1 of this form. By signing this form, the undersigned consents on behalf of the person or business entity named in Part 1 of this form to service by electronic means of any correspondence from the Commission.			
Name (Printed):	Signature:	Title:	Date:

STATE OF ILLINOIS )  
 ) SS  
 COUNTY OF \_\_\_\_\_ )

Subscribed and sworn to before me, a Notary Public, in and for the State of Illinois and the above-named county, this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
 Notary Public

(SEAL)

My Commission expires \_\_\_\_\_

## FORM INSTRUCTIONS

1. There is no fee to file this form.
2. Submit the properly completed form via US Mail to:  
 Illinois Commerce Commission  
 ATTN: Processing and Information  
 527 East Capitol Avenue  
 Springfield, Illinois 62701
3. **Please note that FAXED or E-MAILED FORMS ARE NOT ACCEPTED.** If you attempt to submit this form via fax or e-mail, the form will NOT be processed.
4. The ILCC Number is the number issued by the Illinois Commerce Commission. **DO NOT LIST** USDOT Numbers or MC Numbers issued by the federal agency, Federal Motor Carrier Safety Administration (FMCSA), in the ILCC Number field.
5. The legal name of a corporation, LLC, LP, LLP, LLLP, and general partnership must be entered exactly as it is registered with the proper governmental agency regulating business entities.
6. The trade name, if any, of a sole proprietor, general partnership, corporation, LLC, LP, LLP and LLLP must be entered exactly as it is registered with the proper governmental agency responsible for regulating trade or business names.
7. Business address is the actual physical location from which the person or business entity conducts business. **Do not use a P.O. Box number. This form is not be used to change a repossession agency's main office, branch office or remote storage, register a warehouse location or change relocation towing storage lots.**
8. This form must be signed by the individual or an authorized person on behalf of the business entity (sole proprietor, partner, corporate officer, member or an authorized employee of the business entity on behalf of the business entity). **PLEASE NOTE that if the FEIN or SSN is being revised, this form must be signed before a notary public.**