



**Illinois Commerce Commission
Transportation Bureau
Safety Relocator
Vehicle Update Form**

Safety Relocator Name: _____ Registration (MC) Number: _____

	Make	Model	Year	Vehicle Identification #	Registered Owner of Vehicle	License Plate #
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
<i>Make checks payable to the Illinois Commerce Commission.</i>						Total Amount Due
						# Vehicles _____ x \$150.00=

Attach additional pages as necessary.

The following officer, owner and/or authorized company representative certifies that the information submitted is true, correct and complete.

Printed Name of Signatory _____ Date _____ Phone _____

Signature _____ Title _____ Fax _____

Mail Forms and Payment to:
Illinois Commerce Commission Processing Section
527 East Capitol Avenue, Springfield, Illinois
62701 Phone: (217)782-4654 Fax: (217)782-9244