



Change of Address

ILCC MC #: _____

Legal Name of Carrier: _____

DBA: _____

Old Address:

Address: _____

City: _____ State: _____ Zip Code: _____

New Physical Address:

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax: _____

New Mailing Address:

Address: _____

City: _____ State: _____ Zip Code _____

Click the button below to submit electronically.

You may also print the form using the print form button below and
Mail completed form to:

Illinois Commerce Commission
527 East Capitol Avenue
Springfield, Illinois 62701

Submitted by: _____

Title: _____

Date Filed: _____