

**BUSINESS AND ORGANIZATION CHANGE OF ADDRESS**  
B-58 ORG Rev. 10-2019

STATE OF CONNECTICUT  
**DEPARTMENT OF MOTOR VEHICLES**

**INSTRUCTIONS:** *(Please print in ink or type clearly)*  
A complete address must be provided.

**PLEASE MAIL COMPLETED FORM TO:** Department of Motor Vehicles Change of Address Unit, 60 State Street, Wethersfield, CT 06161-1015

**BUSINESS/ORGANIZATION LEGAL NAME**

F.E.I.N. NUMBER OR SECRETARY OF THE STATE NUMBER

NAME OF BUSINESS OR ORGANIZATION

**A BUSINESS MUST PROVIDE THE LEGAL BUSINESS NAME AND ADDRESS  
AS FILED WITH THE SECRETARY OF THE STATE *(If applicable)***  
[www.concord-sots.ct.gov](http://www.concord-sots.ct.gov)

**BUSINESS/ORGANIZATION LEGAL ADDRESS**

**PRIMARY OFFICE ADDRESS (Must be included)**

ADDRESS *(Number, Street or R. R. and Box Number, City or Town, Zip Code, County)*

**BUSINESS/ORGANIZATION MAILING ADDRESS OTHER THAN PRIMARY OFFICE ADDRESS**

**MAILING ADDRESS (If different)**

ADDRESS *(Number, Street or R. R. and Box Number City or Town, Zip Code)*

**BUSINESS/ORGANIZATION E-MAIL**

E-MAIL

Add e-mail address       Remove e-mail address       Change e-mail address

If you provide an e-mail address, your registration renewal notices will only be sent to this e-mail address.

E-MAIL ADDRESS HERE:



SIGNATURE *(Authorized Signature Required)*

DATE SIGNED

**\*Forms without a signature will not be processed.**

**SECTION B**

**VEHICLE REGISTRATION INFORMATION**

PLATE NUMBER &/OR CT NUMBER	ONLY LIST VEHICLES/VESSELS GARAGED SOMEWHERE OTHER THAN YOUR PRIMARY OFFICE ADDRESS.		
	STREET	CITY/TOWN	ZIP CODE
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