BUSINESS AND ORGANIZATION CHANGE OF ADDRESS
B-58 ORG Rev. 7-2016

INSTRUCTIONS: *(Please print in ink or type):*
Section A: Business or Organization Address Change
Section B: Registration and Vessel Address Change

STATE OF CONNECTICUT
DEPARTMENT OF MOTOR VEHICLES

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

SECTION A - BUSINESSES/ORGANIZATIONS

F.E.I.N. NUMBER OR SECRETARY OF THE STATE NUMBER *(If applicable)*

NAME OF BUSINESS OR ORGANIZATION

MUST HAVE THE CORRECT BUSINESS NAME AND ADDRESS ON THE SECRETARY OF THE STATE'S C.O.N.C.O.R.D. WEBSITE BEFORE CHANGING THE ADDRESS WITH DMV

RESIDENCE ADDRESS (Must be included) ☐ Check here if this is a new address

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

MAILING ADDRESS If different ☐ Check here if this is a new mailing address

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

☐ Check here to remove current mailing address on file

E-MAIL

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

By checking the box above you understand all registration renewals will be sent to you **ONLY** via e-mail

E-MAIL ADDRESS HERE:

SIGNATURE OF APPLICANT*	**TODAY'S DATE**

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

SECTION B

VEHICLE REGISTRATION INFORMATION		VESSEL INFORMATION
PLATE NUMBER	CT TOWN AND STREET ADDRESS WHERE VEHICLE IN THE NORMAL COURSE OF OPERATION MOST FREQUENTLY LEAVES FROM, RETURNS TO OR REMAINS	CT/NUMBER