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United States Department of Transportation  
Federal Motor Carrier Safety Administration

FMCSA — Office of Registration & Safety Information  
6th Floor, 1200 New Jersey Ave. SE, Washington, DC  
Fax: (202) 366-3477 (Licensing)  
(202) 385-2422 (Insurance)  
Customer Service: (800) 832-5660

FMCSA Office of Registration and Safety Information  
Motor Carrier Records Change Form

# FORM MCSA-5889

**Name and address changes and reinstatements of operating authority** can be requested on our web site at <https://ask.fmcsa.dot.gov/ask/FM/FK01> (supporting documents must be submitted separately). You may submit this form to the above address, via our web form at <https://ask.fmcsa.dot.gov/app/ask>, or fax it to 202-366-3477. There is no fee for an address change, but name changes cost \$14 and reinstatements \$80. For more assistance with these transactions and other Registration, Licensing and Insurance functions (including transfers of operating authority), see the FAQs at <https://ask.fmcsa.dot.gov>.

Please submit all the requested data in Section A as represented in your current DOT records. Changes can be indicated in Section B for address changes, Section C for name changes, and Section D for Reinstatements. Credit card information can be submitted in Section E. Any partially-submitted data will be kept for 30 days. If the rest of the information is not submitted within that time, the submitted data will be discarded. **FMCSA cannot make any changes until all required data is supplied.**

## Section A

### ALL MUST COMPLETE

10/3/2017  
TODAY'S DATE

REQUESTOR'S FAX NUMBER (include area code)

REQUESTOR'S E-MAIL ADDRESS (if any)

#### MOTOR CARRIER IDENTIFICATION INFORMATION:

KS Car Hauler LLC  
CURRENT LEGAL NAME (personal, partnership, or corporation)

CURRENT "DOING BUSINESS AS NAME" (if different from legal name)

MC977845 2905660

DOCKET/MC NUMBER DOT NUMBER

MX NUMBER: (MX only)

RFC NUMBER: (MX only)

FF NUMBER: (freight forwarders only)

#### ADDRESSES (as currently listed in FMCSA systems):

14107 Lourdes Dr.

Houston

TX

77049

7863373007

STREET ADDRESS

CITY

STATE/PROV. ZIP CODE

PHONE (plus area code)

#### PHONE NUMBERS:

786-214-0138

CURRENT BUSINESS NUMBER  
(include area code)

CURRENT CELL PHONE  
NUMBER (include area code)

#### FORM COMPLETED BY: ☒ Applicant ☐ Representative

Ignacio Diaz Celiz

NAME (print or type)

OWNER

TITLE

SIGNATURE

## Section B

### ADDRESS CHANGES ONLY

Submit Address Change Requests via our web form at <https://ask.fmcsa.dot.gov/app/ask> or fax to (202) 366-3477.

#### MX Carriers only:

☐ I am enclosing a copy of my Tarjeta de Circulacion (required).

NEW STREET ADDRESS

NEW CITY

NEW STATE/COUNTRY

PHONE (plus area code)

ZIP CODE

☐ Check if new physical and mailing addresses are the same. Otherwise, complete mailing address information below.

NEW MAILING ADDRESS

MAILING CITY

MAIL STATE/COUNTRY

PHONE (plus area code)

ZIP CODE



**Section****C****NAME CHANGES ONLY**

Submit Name Change Requests and documentation via our web form at <https://ask.fmcsa.dot.gov/app/ask> or fax to (202) 366-3477.

**IS THERE ANY CHANGE IN OWNERSHIP, MANAGEMENT, OR CONTROL OF THE COMPANY? ARE YOU A MEXICAN CARRIER?**

- ☐ **Yes** — if the answer to one of the above questions is yes, you must report a transfer of authority unless one of the options in the box below applies to you (select one). ☐ **No** — there is no change in ownership; skip the next box and enter new name below it.

☐ I am making one of the following changes which does not require a transfer (select one) but does require documentation (include with form submission):

- |   |  |
|---|--|
| <input type="radio"/> Hand-over to or addition/deletion of close blood relatives, i.e., child, spouse, or sibling (notarized letter enclosed) | <input type="radio"/> Deletion of spouse due to divorce (copy of divorce agreement enclosed)               |
| <input type="radio"/> Addition of partner through marriage (marriage license enclosed)  | <input type="radio"/> Incorporating (copy of articles of incorporation from the state government enclosed) |
| <input type="radio"/> Changes to existing corporation (copy of articles of incorporation from the state government enclosed)                  | <input type="radio"/> I am an MX carrier and am also enclosing a copy of my Tarjeta de Circulacion         |
| <input type="radio"/> Deletion of partner through death (copy of death certificate enclosed)  |  |

NEW LEGAL NAME (personal, partnership, or corporation)

NEW "DOING BUSINESS AS NAME" (if different from legal name)

- ☐ I authorize the Federal Motor Carrier Safety Administration to charge \$14 to the credit card below for this name change. ☐ I have attached payment in the amount of \$14 in the form of a check or money order, payable to FMCSA, to the address in Section E.

**Section****D****REINSTATEMENT OF OPERATING AUTHORITY ONLY**

Submit Reinstatement Requests via our web form at <https://ask.fmcsa.dot.gov/app/ask> or fax to (202) 385-2422.

**I WOULD LIKE TO REINSTATE THE FOLLOWING AUTHORITY(S):**

- ☒ Motor carrier operating authority ☐ Broker authority ☐ Freight Forwarder authority

**PLEASE CHECK THE BOX TO INDICATE YOUR ASSENT TO THIS STATEMENT:**

- ☒ I understand that reinstatements may not be processed immediately. It is the responsibility of the motor carrier to ensure that they are in full compliance with all FMCSA regulations prior to beginning interstate operations. Authority will not be reinstated until BOC-3 Form (Designation of Process Agent) and required insurance are on file. More instructions can be found at <http://www.fmcsa.dot.gov/registration/insurance-requirements>.

**and CHECK ONE OF THE FOLLOWING OPTIONS:**

- ☒ I authorize the Federal Motor Carrier Safety Administration to reinstate the operating authority of the Motor Carrier/Broker/Freight Forwarder identified above. I understand that the credit card below will be charged \$80, and that this Authorization will be stored electronically with the credit card number obscured, except for the last four numbers.
- ☐ I authorize the Federal Motor Carrier Safety Administration to reinstate the operating authority of the Motor Carrier/Broker/Freight Forwarder identified above. I have attached payment of \$80 in the form of a check or money order, payable to FMCSA, to the address in section E.

**Section****E****PAYMENT: NAME CHANGES AND REINSTATEMENTS ONLY**

Submit credit card requests via our web form at <https://ask.fmcsa.dot.gov/app/ask> or fax to (202) 385-2422.

Pursuant to 49 CFR 360.3(c), fees are not refundable. After the application or document has been accepted for filing by the FMCSA, the filing fee will not be refunded, regardless of whether the document is granted or approved, denied, rejected, dismissed or withdrawn.

4342580102853587 ☐ VISA ☐ MasterCard ☐ American Express ☐ Discover 09/21 ☐ \$14 (Name Change)  
 CREDIT CARD NUMBER EXPIRATION DATE PAYMENT: ☒ \$80 (Reinstatement)  
 Angel Sotolongo 14107 Lourdes Dr. Houston  
 NAME ON CARD BILLING ADDRESS CITY  
 Texas 77049 *[Signature]*  
 STATE/PROVINCE ZIP CODE SIGNATURE DATE 10/3/17

- ☐ CHECKS/MONEY ORDERS ONLY: I am NOT paying by credit card, but with a check or money order, which I will send with this form to:

☐ **Regular mail:** Federal Motor Carrier Safety Administration  
 P.O. Box 530226  
 Atlanta, GA 30353-0226

☐ **Overnight express mail:** Bank of America  
 Lockbox Number 530226  
 1075 Loop Road  
 Atlanta, GA 30337