

Washington Metropolitan Area Transit Commission

Change of Address Form

Use this form to update carrier contact information on file with the Commission.

PLEASE NOTE:

- Each carrier **MUST** designate the street address (*no P.O. boxes*) of its principal place of business.
- Carriers may also designate a separate mailing address where the Commission will send orders, notices, and routine correspondence.
- If a carrier's principal place of business is located outside the Metropolitan District, it must also designate an agent for service residing in the Metropolitan District (see Agent Designation Form).

1. CARRIER INFORMATION

WMATC No.	Name of Carrier (as shown on certificate of authority)		
Street Address of Principal Place of Business	City	State	Zip
Mailing Address (if different from street address)	City	State	Zip
Telephone Number	Other Telephone	Fax Number	E-mail

If Carrier garages vehicles or maintains a satellite office within the Metropolitan District at a location other than listed above, explain and specify:

2. CARRIER CONTACT PERSON (at mailing address to whom we should direct correspondence):

Name	Title		
Telephone Number	Other Telephone	Fax Number	E-mail

3. CERTIFICATION:

I certify, under penalty of perjury, under the laws of the United States of America, that I am authorized to act on behalf of Carrier and that the information on this form is true, correct, and complete as of this date.

Name (type or print)	Signature
Title	Date