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# Washington Metropolitan Area Transit Commission

## Change of Address Form

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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**

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\*WMATC No.    \*Name of Carrier (as shown on certificate of authority)

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*Street Address of Principal Place of Business	Apt./Suite	City	State	Zip
Mailing Address (if different from street address)	Apt./Suite	City	State	Zip
*Telephone	Other Telephone	Fax	E-mail	

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

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

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Name	Title		
*Telephone	Other Telephone	Fax	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.

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Name (type or print)	Signature
Title	Date