

**Washington Suburban Sanitary Commission  
Regulatory Services Group  
Licensee Change of Company**

To: WSSC - Licensing Unit                      Date: \_\_\_\_\_

From: \_\_\_\_\_                      License #: \_\_\_\_\_

Effective \_\_\_\_\_ I will no longer be T/A \_\_\_\_\_  
(Date)

Effective \_\_\_\_\_ I will be T/A \_\_\_\_\_  
(Date)

New Co. Address: \_\_\_\_\_

New Co. Phone #: \_\_\_\_\_

Preferred Mailing Address if different from Company Address:

Signature: \_\_\_\_\_