



**WASHINGTON METROPOLITAN AREA TRANSIT AUTHORITY
SMALL BUSINESS PROGRAMS OFFICE**

WMATA CERTIFICATION PROGRAM (WCP)

**300 7th Street, NW
Washington, DC 20024**

WCP NOTICE REGARDING CHANGE

**THIS NOTICE MUST BE SUBMITTED, ELECTRONICALLY, WITHIN 30 DAYS OF
ANY CHANGE IN CIRCUMSTANCES THAT AFFECT THE FIRM'S CERTIFICATION.**

Name of Firm: _____

Address: _____

Contact Person/Title: _____

Telephone No: _____ Email Address: _____

Certification #: _____

Please be advised that the following changes have occurred within the firm since it submitted its application for certification or re-evaluation to the Washington Metropolitan Area Transit Authority:

1. PERSONAL NET WORTH

As of _____ 20__ , the personal net worth of the following principal(s) is in excess of \$1.32M:

2. SIZE STANDARD

As of _____ 20__ , the firm is no longer able to meet applicable size standards as indicated below:

Gross receipts from all sources of business, averaged over the past three years, now exceeds \$28.48 million.

Gross receipts, averaged over the past three years, now exceeds NAICS code limitations, as follows:

3. OWNERSHIP

As of _____ 20__ , the firm has had ownership changes that affect its certification status as follows:

4. OTHER MATERIAL CHANGE (E.G., primary business location)

As of _____ 20__ , the firm has had the following other material changes that affect its certification status:

One of the following attestations must be completed. Do not complete both selections.

FOR AN UNSWORN STATEMENT:

I hereby declare, under penalty of perjury under the laws of the United States that the foregoing information and information contained in any attachment hereto is true and accurate as of the stated date.

The foregoing attested to this _____ day of 20__ , by _____ ,
who holds the position of _____ with _____
_____ Firm's Name

Signature

Tax Identification Number (TIN)

FOR A SWORN STATEMENT:

State of _____)
County of _____)

Sworn to before me this ____ day of _____ 20__.

Signature

Notary Public:

Name: _____

Signature: _____

My commission expires on the _____ day of 20__ . (Notary Seal)