



**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:

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### 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:

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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)