

Maryland Public Service Commission – Transportation Division

6 St. Paul Street, 18th Floor

Baltimore, MD 21202

410-333-6088 Fax

Change of Address Form

Please Type or Print Neatly

Taxicab License

Name _____

Address _____

Taxi Cab Permit

City State Zip _____

Phone No: _____

E-Mail Address _____

SSN

Signature _____

Passenger-For-Hire License

Name _____

Address _____

City State Zip _____

SSN:

Phone No _____

E-Mail Address _____

Signature _____

Passenger Carrier Company

Name _____

Address _____

City State Zip _____

Phone # _____

Signature _____