



Licensing Division, MS 6006  
Department of Inspections and Permits  
2664 Riva Road, Annapolis, MD 21401  
Telephone: (410) 222-7788  
Fax: (410) 222-4488  
[www.aacounty.org](http://www.aacounty.org)

## COMPANY CHANGE

Return this form with the \$25.00 fee and a new certificate of insurance\* to the address shown above.

NAME \_\_\_\_\_ LICENSE NUMBER(s) \_\_\_\_\_

Are you a U. S. Citizen? YES NO

If no, attach a copy of your employment authorization or permanent resident card.

NEW FIRM NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

PREVIOUS COMPANY NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

***Do you hold other Anne Arundel County licenses? If yes, please list the type and the license numbers:***

\_\_\_\_\_

\*Article 11-1-103(d) of the Anne Arundel County Code states "A licensee shall maintain workers' compensation insurance in the amount and manner required by the Maryland Workers' Compensation Law. A licensee required to maintain other insurance by this article shall provide insurance with a carrier licensed to offer insurance in this State, provide the Director with a copy of a certificate of the required insurance, and make the policy available for inspection upon request. The policy shall require 30 days' written notice of cancellation to the licensee and the County, except that construction trade licensees, liquid waste haulers and pawnbrokers shall provide notice of cancellation to the Department within 10 days of the cancellation date. A license shall be suspended on a provisional basis without a hearing if the licensee fails to maintain all insurance required by this article."

The certificate of insurance should be addressed to: Anne Arundel County  
Department of Inspections & Permits  
License Section MS 6006  
2664 Riva Road  
Annapolis, MD 21401

- Minimum limits of insurance are \$300,000 bodily injury and \$100,000 property damage.

***NOTE: The license holder remains responsible for any permits applied for under the previous company name.***

Signature \_\_\_\_\_

Date \_\_\_\_\_