



District of Columbia Department of Housing and Community Development
Housing Regulation Administration – Rental Accommodations Division (RAD)
1800 Martin Luther King Jr. Avenue
Washington, DC 20020
(202) 442-9505

RAD Date Stamp

Internal Use Only
C/O current: yes no n/a
BBL current: yes no
Reg. current: yes no
Rev 02/12

HOUSING PROVIDER’S AMENDED REGISTRATION FORM

**NOTICE OF CHANGE OF ADDRESS, MANAGEMENT,
RELATED SERVICES AND/OR FACILITIES, BUSINESS
LICENSE OR CERTIFICATE OF OCCUPANCY**

**DO NOT FILE THIS FORM FOR A CHANGE IN OWNERSHIP
OF THE HOUSING ACCOMMODATION.
(FOR CHANGE IN OWNERSHIP, FILE A RENTAL ACCOMMODATIONS DIVISION
REGISTRATION/CLAIM OF EXEMPTION FORM.)**

Housing Accommodation Name:

Housing Accommodation Address:

Section 1

Current RAD Registration or Exemption Number: _____

Current Basic Business License Number: _____

Current Certificate of Occupancy Number: _____

Section 2

Owner: _____

Owner’s Business Address (Do not use a No P.O. Box Number)

Name of Management Company/Agent (if applicable):

Management Company/Agent Business Address (No P.O. Box)

Section 3

This form gives notice of the following change(s): [Check box(es) below, as applicable.]

Change in Owner's Business Address

New Address:

New Telephone and E-mail address (if applicable):

Change in Existing Management Company's/Agent's Business Address

New Address:

New Telephone and E-mail address (if applicable):

Change to New Management Company/Agent

Name and Address of New Management Company or Agent:

New Telephone and E-mail address (if applicable):

Effective Date of Change in Management/Agent/Address:

Change in Related Services and/or Facilities (Attach additional pages, if necessary)

Petition #: _____ *Approval Date:* _____

Please state whether a particular related service or facility was "Deleted", "Substantially Reduced" or "Added" and explain the reasons for such changes:

Change in Basic Business License

New Basic Business License (Type and Number):

Purpose of new Basic Business License:

Change in Certificate of Occupancy Number

New Certificate of Occupancy Number:

Purpose of new Certificate of Occupancy Number:

Section 4

I certify that I am the Housing Provider, that the foregoing information is correct, and that I have the authority as [Check one] Owner of, or Management Company/Agent for, the Housing Accommodation to execute this Notice. Further, I certify that this Notice was posted in a conspicuous place at the Rental Unit or Housing Accommodation to which it applies, or mailed to each Tenant of the Rental Unit(s) of the Housing Accommodation.

Signature of Owner or Management Company/Agent:

Printed Name of Owner or Management Company/Agent (with Title, if applicable)

Date: _____