

DATE STAMP



WORKERS' COMPENSATION COMMISSION
10 East Baltimore Street
BALTIMORE, MD 21202-1641
BALTIMORE PHONE 410-864-5100
TOLL FREE 1-800-492-0479 IN MARYLAND
BALTIMORE TTY FOR Hearing Impaired 1-800-735-2258

ATTORNEY REGISTRATION* *or* INFORMATION CHANGE FORM

There is no fee to change contact information for an attorney whose registration is current (changed/updated since 9/2000).

New Registrations processing fee is \$25.00 and must be included with this form. Check or money order only payable to "Workers' Compensation Commission." This registers an attorney to practice before the WCC.

A current registration is a requirement for WCC Online Services (WFMS). This form is not a WFMS application. Form Revised 5/25/07

1. First Name

2. Middle Initial

3. Last Name

4. Address

5. Additional Address Info: Suite/Bldg.

6. City

7. State

8. Zip Code

9. Telephone Number

10. E-Mail Address (e.g. `doej@anywhere.com`)

Attorney Code*

**Required for all changes or updates, leave blank for new registrations.*

NOTE: This form CANNOT be handwritten, it MUST be completed in Adobe Reader when an electronic form or typed. Handwritten, illegible or incomplete (without payment) forms are returned without processing.

