

**TRADE NAME CHANGE FORM**

State Board of Examiners of Plumbing,  
Heating & Fire Sprinkler Contractors  
1109 Dresser Court  
Raleigh, NC 27609

Email **notarized** form for processing: dsoltys@nclicensing.org

You will be emailed back a link to pay the \$25 fee prior to processing.

**This original notarized form must be mailed to our office within 10 days.**

You may mail the form with a check if you do not wish to pay online.

*(If you are a new licensee and are submitting this Trade Name Change form with your initial licensing fee, the \$25.00 Trade Name Change fee does not apply)*

License # \_\_\_\_\_

Social security # XXX-XX-\_\_\_\_\_  
(last four digits only)

Licensee's Full Name: \_\_\_\_\_

**Home Address**

Mailing Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Physical Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Home Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_\_) \_\_\_\_\_

**Business Address**

Mailing Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Physical Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

*Note: If you are completing a name change due to marriage or legal name change please enclose a copy of your Driver's License or copy of legal documentation to verify your change in name.*

Please check and complete the type of business below you wish to list your license:

---

**Individual name**

License shall be issued in my individual name.

---

**General Partnership**

License shall be issued in the name of \_\_\_\_\_ which is a general partnership. The partners of the firm are \_\_\_\_\_ and I will be \_\_\_\_\_ of the firm.  
*(general partner, full-time employee, etc.)*

---

**Sole Proprietorship**

License shall be issued in the name of \_\_\_\_\_ which is a sole proprietorship. The owner of the firm is \_\_\_\_\_ and I will be \_\_\_\_\_ of the firm.  
*(owner, full-time employee, etc.)*

---

**Corporation / LLC**

License shall be issued in the name of \_\_\_\_\_  
(must be exactly as listed on Articles of Incorporation)

which is a corporation and registered in the State of \_\_\_\_\_. The corporate officers are  
President/Member \_\_\_\_\_ Vice President/Member \_\_\_\_\_  
Secretary/Member \_\_\_\_\_ Treasurer/Member \_\_\_\_\_  
and I will be \_\_\_\_\_ of the firm. NC SOS# \_\_\_\_\_  
*(President, Vice President, Full Time Employee etc.)*

*You must attach a copy of the following: Articles of Incorporation (for corporations) or Articles of Organization (for LLC's) bearing the Identification number issued by the NC Secretary of State. Out of state corporations or LLC's must also attach a copy of the Certificate of Authority issued by the NC Secretary of State.*

