## 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: <u>dsoltys@nclicensing.org</u>

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)

icense #	Social	security # XXX-X			
		(last four digits only			
icensee's Full Name:					
	Home Address				
Iailing Address:					
(Stree	t) (City)	(State)	(Zip)		
hysical Address:					
(Stree	t) (City)	(State)	(Zip)		
ome Telephone Number: ()_	Fax Number: (_	)_			
•					
	<b>Business Address</b>				
Iailing Address:					
(Street)	(City)	(State)	(Zip)		
hysical Address:					
(Street)	(City)	(State)	(Zip)		
elephone Number: ()	Fax Number: (	)			
-mail Address:					

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.			
[ ] Con and Doute analys			
[ ] 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.		
[ ] 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 (owner, full-time employee, etc.)	firm.		
[ ] Corporation / LLC			
License shall be issued in the name of (m	ust be exactly as listed on Artic	cles of Incorpo	ration)
which is a corporation and registered in the State of			
President/Member			
	Treasurer/Member		
	of the firm.		

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.

(President, Vice President, Full Time Employee etc.)

[ ] Assume or Designated Trade	Name (DBA)			
License shall be issued in the name of				which is
an assumed or designated trade name. The o	corporate owner of the	firm is		
(company name) and I will be(Presider  You must attach a copy of the following  (for LLC's) bearing the Identification no  LLC's must also attach a copy of the Ce	: Articles of Incorpoumber issued by the	ration (for corpo NC Secr <u>etary</u> of s	rations) or Articles State.  Out of state c	of Organization corporations or
[ ] Government Agency	Municipality	Hospital	University 🗆	<b>Other</b> □
License shall be issued in the name of will be a full time employee.				And I
I acknowledge as the licensee holder that my license. I understand that I must ass working under my license will either be all installations performed under my lice North Carolina Code, the Board's gener By signing below I understand that I am am required to sign and execute all contents.  Print – Licensee's Name & License #	sure that all permits on the payroll of the ense will be installed ral statutes and rules in required to supervi	are secured prior is e company or the d in accordance we as well as the pre- se all work perfor	to commencing worky must hold their over ith the minimum states along the control of the comments of the comme	k; that anyone wn license; that andard of the a the industry.
Signature of Licensee			Date	
STATE OF	COU	NTY OF		
SWORN TO AND SUBSCRIBED BEFORE	ME THIS	DAY OF		, 20
(SEAL)	NOTARY PU	BLIC (Signatu	re and printed name)	

For additional information and responsibilities regarding having your license listed in a trade name refer to NCAC 21.50.0404, .0405, .0406, .0407.