

**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.

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.*

---

**[ ] Assume or Designated Trade Name (DBA)**

License shall be issued in the name of \_\_\_\_\_ which is

an assumed or designated trade name. The corporate owner of the firm is \_\_\_\_\_

(company name) and I will be \_\_\_\_\_ of the firm.

(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.*

---

**[ ] Government Agency      Municipality       Hospital       University       Other**

License shall be issued in the name of \_\_\_\_\_ And I will be a full time employee.

---

**\*\*THIS FORM MUST BE NOTARIZED PRIOR TO SUBMITTING IT\*\***

I acknowledge as the licensee holder that I am completely and fully responsible for all work performed under my license. I understand that I must assure that all permits are secured prior to commencing work; that anyone working under my license will either be on the payroll of the company or they must hold their own license; that all installations performed under my license will be installed in accordance with the minimum standard of the North Carolina Code, the Board's general statutes and rules as well as the prevailing standards in the industry. By signing below I understand that I am required to supervise all work performed under my license and that I am required to sign and execute all contracts for work performed under my license.

\_\_\_\_\_  
Print – Licensee's Name & License #

\_\_\_\_\_  
Signature of Licensee Date

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

SWORN TO AND SUBSCRIBED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC (Signature and printed name)

(SEAL)

MY COMMISSION EXPIRES \_\_\_\_\_

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