

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: (Only fill out one section)

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 _____

(SEAL)

NOTARY PUBLIC (Signature and printed name)

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.