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.

License #(Leave blank if init	tial filing)	Social security # XXX-XX- (last four digits only)			
Licensee's Full Name:					
	1	Home Address			
Mailing Address:					
	(Street)	(City)	(State)	(Zip)	
Physical Address:					
	(Street)	(City)	(State)	(Zip)	
Home Telephone Number: ()		Fax Number: ()		
Mailing Address:		usiness Address			
Mailing Address:(Street)		(City)	(State)	(Zip)	
Physical Address:					
(Street)		(City)	(State)	(Zip)	
Геlephone Number: ()	Fax Number: (_)		
E-mail Address:					
* *		e to marriage or legal name ation to verify your change in	~ 1	enclose a copy	

Please check and complete the type of business below you wish to list your license: (Only fill out one section)

(Only select one option)

[] 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.)	ı.		
[] 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.)	ı.		
[] Corporation / LLC			
License shall be issued in the name of (must be	e exactly as listed on Articles of Inc	orporation)	
which is a corporation and registered in the State of			
President/Member	Vice President/Member		
Secretary/Member	Treasurer/Member		
and I will be President Vice President Full Time Employee	of the firm. NC SQ	OS# (North Carolina Secretary of State)	

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 Trad				
License shall be issued in the name of				which is
an assumed or designated trade name. The	e corporate owner of the	firm is		
(company name) and I will be(Presid		Con Possila and A	of the f	firm.
You must attach a copy of the followin (for LLC's) bearing the Identification LLC's must also attach a copy of the C	g: Articles of Incorpo number issued by the	ration (for corpo NC Secr <u>etary</u> of l	rations) or Articles (State. Out of state c	corporations or
[] Government Agency	Municipality	Hospital 🗆	University 🗆	Other□
License shall be issued in the name of will be a full time employee.				And I
THIS FORI	M MUST BE NOTARIZED F	RIOR TO SUBMITTIN	IG IT	
I acknowledge as the licensee holder to my license. I understand that I must a working under my license will either to all installations performed under my license will be all installations performed under my license will either to all installations performed under my license will be all installations performed under my license will	ssure that all permits be on the payroll of the cense will be installed eral statutes and rules in required to supervi	are secured prior e company or the d in accordance w as well as the pre- se all work perfor	to commencing wor y must hold their ow ith the minimum sta evailing standards in rmed under my licer	k; that anyone vn license; that andard of the the industry.
Print – Licensee's Name & License #				
Signature of Licensee			Date	
STATE OF	COU	NTY OF		
SWORN TO AND SUBSCRIBED BEFORE	E ME THIS	DAY OF		, 20
	NOTARY PU	BLIC (Signatu	re and printed name)	
(SEAL)	101.00101	ISSION EVDIDE	~	

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