

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 # _____
(Leave blank if initial filing)

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)

(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.)

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.) (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.

