

STATE BOARD OF CONTRACTORS

Mailing Address Phone Number

Post Office Box 320279 Phone (601) 354-6161
 Jackson, MS 39232-0279 Fax (601) 354-6715

APPLICATION for CHANGE OF BUSINESS NAME AND/OR ADDRESS

**NOTE: Attach a money order, check or cashiers check (NO CASH ACCEPTED)
 for Fifty Dollars (\$50.00) (No charge for change of address only)**

Note: A change in entity will require completion of a new application and a new license number issued by the board. (application can be found at www.msbocon.us).

(Please print or type all information, forms completed in pencil are not acceptable.)

| | | |
|--------------------------------------|------------------------------------|--------------------------------------|
| OLD NAME STYLE (AS SHOWN ON LICENSE) | LICENSE NO. OR PENDING APPLICATION | CLASSIFICATION |
| | | BUSINESS TELEPHONE NO. AND AREA CODE |

CHANGE OF ADDRESS – Individual, Partnership, Corporation

| | | | | | |
|--------------|-----------------------|-----------------------|---------|---------|--------------|
| FROM- | STREET OR BOX NUMBER: | CITY: | COUNTY: | STATE: | ZIP CODE NO: |
| | TO- | STREET OR BOX NUMBER: | CITY: | COUNTY: | STATE: |

CHANGE OF NAME – Individual or Partnership

A change of name style may be made if there has been no change in personnel and if the name style does not indicate you are qualified in a classification other than the classification(s) in which you are licensed. A change in personnel of a partnership or replacement of a responsible managing employee cannot be made with this form.

CHANGE TO- NEW NAME STYLE

List below names of individuals or partners .

| FIRST NAME | MIDDLE INITIAL | LAST NAME |
|------------|----------------|-----------|
| | | |
| | | |
| | | |

I hereby certify under penalty of perjury under the laws of the State of Mississippi to the truth and accuracy of the above statements.

Date _____ **Signature of the owner** _____
OR all partners required _____

CORPORATION NAME CHANGE – ONLY

A change of name style may be made if the change of name has been registered at the Secretary of State's Office and if the name style does not indicate you are qualified in a classification other than the classification(s) in which you are licensed. Notice of a change of officers or responsible managing officer cannot be made with this form. **INCLUDE WITH THIS FORM PROOF OF CHANGE OF CORPORATE NAME FROM THE SECRETARY OF STATE'S OFFICE IN MISSISSIPPI.**

CHANGE TO- NEW NAME STYLE: (NAME AS REGISTERED WITH SECRETARY OF STATE AND DBA, IF APPLICABLE)

| | | |
|---|------------------------|-----------------|
| DATE CHANGE OF NAME REGISTERED WITH SECRETARY OF STATE: | (NOT REQUIRED FOR DBA) | CORPORATION NO. |
|---|------------------------|-----------------|

I hereby certify under penalty of perjury under the laws of the State of Mississippi to the truth and accuracy of the above statements.

Date _____ Signature of Officer _____