



For MSBOC Official Use Only
\$50.00 Fee Received: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Money Order
*NO CHARGE FOR CHANGE OF ADDRESS ONLY
Date Received Stamped Here:

APPLICATION FOR CHANGE OF NAME AND/OR ADDRESS

A CHANGE OF NAME MAY BE MADE IF THE NAME STYLE DOES NOT INDICATE YOU ARE QUALIFIED TO PERFORM WORK IN A CLASSIFICATION OTHER THAN THE CLASSIFICATION(S) IN WHICH YOU ARE LICENSED. THIS FORM CANNOT BE USED FOR A CHANGE IN ENTITY STRUCTURE. (FOR EXAMPLE, CHANGING FROM A SOLE PROPRIETORSHIP TO A LIMITED LIABILITY CORPORATION) A CHANGE IN ENTITY STRUCTURE WILL REQUIRE COMPLETION OF NEW APPLICATION. NEW APPLICATION FORMS CAN BE FOUND AT WWW.MSBOC.US.

SECTION 1: IDENTIFYING INFORMATION

Number as it currently appears on certificate of licensure:

Name as it currently appears on certificate of licensure:

SECTION 2: REASON FOR REQUEST

CHANGE OF ADDRESS – check this box if you want to change the address associated with the certificate of licensure.

FROM	STREET	CITY	STATE	ZIP
TO	STREET	CITY	STATE	ZIP

CHANGE OF NAME FOR INDIVIDUAL OR PARTNERSHIP – check this box if changing the name on a certificate of licensure for an individual or partnership. Has there been a change in the officers? YES NO If yes, you will need to send details in a separate written statement accompanying this form. A change in qualifying party cannot be made with this form.

CHANGE TO	New name style
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List below names of individuals or partners

FIRST NAME	MIDDLE NAME	LAST NAME

SIGNATURE OF THE OWNER OR ALL PARTNERS REQUIRED:

CHANGE OF NAME FOR CORPORATION OR LLC – check this box if changing the name on a certificate of licensure for a corporation or limited liability corporation. **PROOF OF CHANGE OF NAME FROM THE MISSISSIPPI SECRETARY OF STATE MUST BE ATTACHED.** Has there been a change in the officers? YES NO If yes, you will need to send details in a separate written statement accompanying this form. A change in qualifying party cannot be made with this form.

CHANGE TO	New name style as registered with the Mississippi Secretary of State
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I hereby certify under penalty of perjury under the laws of the State of Mississippi to the truth and accuracy of the above statements.

Name of person making request/Title Signature of person making request Date