



For MSBOC Official Use Only	
\$50.00 Fee Received:	<input type="checkbox"/> Check # _____ <input type="checkbox"/> Money Order
<b>FEES ARE NON-REFUNDABLE</b>	
Date Received Stamped Here:	

## APPLICATION FOR CHANGE OF NAME AND/OR ADDRESS - **\$50.00 FEE REQUIRED**

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](http://WWW.MSBOC.US).

### SECTION 1: IDENTIFYING INFORMATION

Name as it currently appears on certificate of licensure:	Number as it currently appears on certificate of licensure:
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### SECTION 2: REASON FOR REQUEST

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

<b>FROM</b>	STREET	CITY	STATE	ZIP
<b>TO</b>	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.

<b>CHANGE TO</b>	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.

<b>CHANGE TO</b>	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
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