



Contractor Name Change Application

Date: _____

I am requesting a name change of our company name on our contractor license as follows.

Current Company Name and Information

Name of Examinee/License Holder: _____

Company Name: _____

SoCoBD License Number: _____

Type of License: _____

NOTE: No name change can be completed without a current copy of the company's insurance certificates with the new name

New Company Name and Information

Company Name: _____

Type of License: _____

Telephone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Signature and Title

