

## **Business Name Change Form Instructions**

Per your request, please find the enclosed Business Name Change form. Please complete this form (2 pages) and include:

1. If **corporation**, a amended, recorded copy of your Articles of Incorporation.  
If a **limited liability company (LLC)**, a copy of your amended, recorded Articles of Organization.  
If a **partnership**, an amended Partnership Agreement.
2. Your current original Home Builders licensure certificate and card so that we may void and reprint license in the new company name.

Mailed completed, signed and notarized Business Name Change Form along with the above requested documents to: Home Builders Licensure Board, 445 Herron St., Montgomery, AL 36130-3605.

Contact our office if you have questions at 1-800-304-0853.

445 Herron Street / Montgomery, Alabama 36130-3605 / Telephone (334) 242-2230 / Facsimile (334) 263-1397

You **MUST** attach amended Articles of Incorporation showing new corporation name (for corporations), amended Articles of Organization showing new LLC name (for LLC) or amended Partnership Agreement listing new company (for Partnership).

**SECTION 1:**

File No.: \_\_\_\_\_ License No.: \_\_\_\_\_

Previous Business Name \_\_\_\_\_  
(As shown on existing license)

**NEW Business Name** \_\_\_\_\_

Please designate appropriate business form:  Corporation  Partnership  Limited Partnership  LLC

Street Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Telephone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

**BOTH SECTIONS 2 AND 3 MUST BE SIGNED AND NOTARIZED.**

**SECTION 2: OATH AND RELEASE FOR DESIGNATED QUALIFYING REPRESENTATIVE (DQR)**

I solemnly swear or affirm that I am the person referred to in this application; that the statements made herein and on the attachments hereto are accurate, complete, and true to the best of my knowledge; and further, that if the Home Builders Licensure Board recognizes me as a qualifying representative, I shall abide by all laws relating to residential home builders and the rules adopted by the Board.

I hereby authorize any individual, company, or institution with whom the applicant has been associated to release to the Home Builders Licensure Board all information and records as are necessary to verify or contradict the information provided in this application.

\_\_\_\_\_  
Printed Name of Designated Qualifying Representative {DQR} (Must be a General Partner, Officer or Member)

\_\_\_\_\_  
Signature of Designated Qualifying Representative {DQR} (Must be a General Partner, Officer or Member)

Its: \_\_\_\_\_  
(Position Held)

County of \_\_\_\_\_ )

State of \_\_\_\_\_ )

Signed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
(Month) (Year)

(Notarial Seal)

Signature – Notary Public \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

(See back page for additional signatures)

Revised 8/07

**BOTH SECTIONS 2 AND 3 MUST BE SIGNED AND NOTARIZED.**

**SECTION 3: OATH AND RELEASE FOR CORPORATIONS, PARTNERSHIPS, OR LIMITED LIABILITY COMPANIES (L.L.C.)**

I solemnly swear or affirm that I am authorized to execute this application on behalf of the applicant; that I have actual knowledge of the statements made herein and on the attachments hereto and that such statements are accurate, complete, and true to the best of my knowledge; and further, that if the applicant is granted a license by the Home Builders Licensure Board, I shall use my best efforts to ensure that the applicant abides by all laws relating to residential home builders and the rules adopted by the Board.

I hereby authorize any individual, company, or institution with whom the applicant has been associated to release to the Home Builders Licensure Board all information and records as are necessary to verify or contradict the information provided in this application.

By: \_\_\_\_\_  
Printed Name of Authorized General Partner, Officer, or Member

By: \_\_\_\_\_  
Signature of Authorized General Partner, Officer, or Member

Its: \_\_\_\_\_  
( Position Held)

County of \_\_\_\_\_ )

State of \_\_\_\_\_ )

Signed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
(Month) (Year)

(Notarial Seal)

Signature – Notary Public \_\_\_\_\_

My Commission Expires: \_\_\_\_\_