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 a corporation or LLC, an amended, recorded copy of your Certificate of Formation.
   If a partnership, an amended listing of partners.

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, P.O. Box 303605, Montgomery, AL 36130-3605 OR 445 Herron Street, Montgomery, AL 36104 (for overnight delivery).

Contact our office if you have questions at 1-800-304-0853.
You MUST attach the amended and recorded Certificate of Formation (for corporations and LLCs) or a notarized affidavit of the current partners stating name change (for Partnerships).

SECTION 1:
License/File 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 (Must be a General Partner, Officer, Member, or Manager)

______________________________________________________________

Signature of Designated Qualifying Representative (Must be a General Partner, Officer, Member, or Manager)

______________________________________________________________

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 5/19
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, Member, or Manager

By: _________________________________________________________________
    Signature of Authorized General Partner, Officer, Member, or Manager

Its:  _________________________________________________________________
      ( Position Held)

County of__________________________ )
State of ___________________________ )

Signed and sworn to before me this _____ day of _________________________ , _________

(Notarial Seal)   Signature – Notary Public___________________________________________

My Commission Expires:____________________________________________