

## **Business Name Change Form Instructions**

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

- ❖ If a **corporation or LLC**, a recorded copy of your Certificate of Amendment filed with the Secretary of State.
- ❖ If a **partnership**, a new name reservation certificate issued by the Secretary of State and an amended listing of partners.

Mail 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 (for overnight delivery):**

Home Builders Licensure Board  
445 Herron Street  
Montgomery, AL 36104

If you have any questions, please contact our office at 1-800-304-0853.



P.O. Box 303605 | Montgomery, Alabama 36130-3605 | **Overnight Delivery:** 445 Herron Street | Montgomery, Alabama 36104  
Telephone (334) 242-2230 | Facsimile (334) 263-1397

# BUSINESS NAME CHANGE FORM

(CORPORATIONS, PARTNERSHIPS & LIMITED LIABILITY COMPANIES)

You **MUST** attach the recorded Certificate of Amendment (for corporations and LLCs) or a new name reservation certificate and 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: \_\_\_\_\_

Check if above information is the same for Mailing Address.

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 6/24

**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, 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 \_\_\_\_\_, \_\_\_\_\_  
(Month) (Year)

(Notarial Seal)

Signature – Notary Public: \_\_\_\_\_

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