

APPLICATION FOR CHANGE OF TRADE NAME OR ADDRESS

NORTH CAROLINA STATE BOARD OF REFRIGERATION EXAMINERS

Date _____

In accordance with the information contained in this application, I hereby apply for a change of Trade Name and/or address and request the issuance of a new certificate of licensure for the current year. Please print or type all information.

1. Name of Applicant _____ License No. _____

2. New Firm Name, if applicable _____

3. State reasons for requesting change of trading name _____

4. New Mailing Address, if applicable _____

Business Telephone Number _____ Fax Number _____

Cell Number _____ Home Number _____

E-Mail Address _____

5. Physical Address, if different from mailing address _____

6. Name of owner or officers of contracting firm _____

7. I will be regularly employed with the firm listed above (number 2), in the capacity of _____
_____. My signature and license number will appear on all contracts of this firm and I will exercise general supervision of all work done thereunder as prescribed in Article 5, Chapter 87 of the General Statutes of North Carolina.

7. I hereby certify that the foregoing statements are true and correct to the best of my knowledge and belief.

Signature of applicant _____

RETURN TO: State Board of Refrigeration Examiners
889 Highway 70 W
Garner, NC 27529
Fax: 919-779-4733

Revised 08/18/11