

**APPLICATION FOR CHANGE OF  
TRADE NAME OR ADDRESS**

**NORTH CAROLINA STATE BOARD OF REFRIGERATION CONTRACTORS**

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. **Include a copy of a photo ID with this application.**

Name of Applicant  License No.

New Firm Name, if applicable

State reasons for requesting change of trading name

New Mailing Address, if applicable

Business Telephone Number   Fax Number

Mobile Number  Home Number

E-Mail Address

Physical Address, if different from mailing address

Name of owner or officers of contracting firm

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.

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 Contractors  
1027 US 70 W Highway W, Suite 221  
Garner, NC 27529

Revised 05/27/2021