



# 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  
1027 US 70 Highway W., Suite 221  
Garner, NC 27529  
Fax: 919-779-4733