



North Carolina Irrigation Contractors' Licensing Board

P.O. Box 41421, Raleigh, NC 27629-1421
 919-872-2229 Fax 919-872-1598
www.nciclb.org email info@nciclb.org

Application to Change Business Name, Qualifier or Address (No Fee) Order Replacement Wall Certificate (\$25) or Replacement Pocket License (\$10)

Changing a Business Name: You may make a change to the business name on your license if you are a sole proprietor.

Changing the Business Name of a Business Name: Before the NCICLB can change your business name, you must first change the name of the business as registered with the NC Secretary of State's Office. Please submit a copy of the appropriate documentation with this application. A newly formed company must make application for a corporate license.

Changing the Qualifier of a Business Name: You may change the Qualifier for your business as long as the person is a Licensed Irrigation Contractor in the State of North Carolina, is a full time employee of the business and is not the qualifier for another company.

Ordering a Wall Certificate and/or Pocket License: You may order a wall certificate or pocket license only if your license is in good standing, currently renewed and has no current suspensions on record. Submit \$25 for each wall certificate and \$10 for each pocket license. Make checks payable to the NCICLB. You may also use this form to order additional vehicle decals at \$3 each.

CHECK THOSE THAT APPLY:

- | | |
|---|--|
| <input type="checkbox"/> Company name change | <input type="checkbox"/> Wall Certificate, How many? _____ |
| <input type="checkbox"/> Company address change | <input type="checkbox"/> License Card, How many? _____ |
| <input type="checkbox"/> Home address change | <input type="checkbox"/> Vehicle Decal, How many? _____ |

PLEASE TYPE OR PRINT LEGIBLY IN INK

BUSINESS NAME (As it currently appears on NCICLB records)		CORP LIC# (If Applicable)	
NEW BUSINESS NAME			
NAME OF PERSON COMPLETING FORM		phone number	email address
NEW MAILING ADDRESS		number/street or P.O. box	city state zip code
NEW BUSINESS PHONE (if applicable)	NEW HOME PHONE (if applicable)	NEW FAX NUMBER (if applicable)	
PREVIOUS QUALIFIER NAME	LICENSE#	NEW QUALIFIER NAME	LICENSE #

I certify under penalty of perjury under the laws of the State of North Carolina that all statements, answers and representations in this application are true and correct and that I have reviewed the entire contents of this application.

Signature of Owner, Partner or Officer _____

Print Name _____