



# North Carolina Irrigation Contractors' Licensing Board

P.O. Box 41421, Raleigh, NC 27629-1421  
 919-872-2229 Fax 919-872-1598  
[www.nciclb.org](http://www.nciclb.org) email info@nciclb.org

## Application to Change Business Name, Qualifier or Address (No Fee) Order Replacement Wall Certificate (\$25), Replacement Pocket License (\$10) or Decals (\$3)

**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 Corporation or LLC:** 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 submit an application for a corporate license to the Board.

**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 and is a full time employee of the business.

**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"/> Individual Wall Certificate, How many? _____ |
| <input type="checkbox"/> Company address change         | <input type="checkbox"/> Corporate Wall Certificate, How many? _____  |
| <input type="checkbox"/> Home address change            | <input type="checkbox"/> Individual License Card, How many? _____     |
| <input type="checkbox"/> Vehicle Decal, How many? _____ | <input type="checkbox"/> Corporate License Card, 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 \_\_\_\_\_