

ID# \_\_\_\_\_

**CONTRACTORS LICENSING BOARD**  
4100 Richards Road  
North Little Rock, AR 72117  
501-372-4661 / Fax 501-372-2247

## **Name Change Request Form**

**Current:**

**Company Name:** (as it appears on the license now)

\_\_\_\_\_

**Federal ID#/EIN:** \_\_\_\_\_ **or SS#** (if sole-proprietor) \_\_\_\_\_

**Request to Change to:**

**Company Name:**

\_\_\_\_\_

**Federal ID#/EIN:** \_\_\_\_\_ **or SS#** (if sole-proprietor) \_\_\_\_\_

### **AFFIDAVIT**

I, \_\_\_\_\_, being duly sworn, deposes and says:  
(Print Name of Owner/Officer/Partner/Member)

That all statements herein contained are true and correct and shall become a part of the present valid application on file. That the foregoing statement is submitted to the Contractors Licensing Board and/or Contractors Residential Committee for the purpose of amending the present valid license and that any depository, vendor or other agency herein named is hereby authorized to supply the Contractors Licensing Board and/or Contractors Residential Committee with any information necessary to verify these statements.

\_\_\_\_\_  
(Signature of Owner/Officer/Partner/Member)

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Subscribed and Sworn to before me, a Notary Public, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public / **Seal**

# Name Change

**A name change is simply amending the existing entity's name with no change in the actual business structure, which means you CAN NOT DISSOLVE the existing entity and transfer the license to an already existing or newly formed entity.**

**A name change can only be done if a "conversion" or "amendment" is filed with the Secretary of State, and there is NO change in the Federal ID# / EIN.**

**\*\* Anything else requires a New Application. \*\***

**If requesting a Name Change, please provide the following:**

1. Name Change Request Form (Completed, signed and notarized)
2. Provide copies of all supporting documents from the Secretary of State's office.
3. Updated Certificate of Insurance verifying Workers Compensation insurance for the new entity.
4. A list of current officers, members or partners owning 10% or more.
5. An "endorsement rider" is required to amend name on bond to reflect new name.  
**(If a Commercial Contractor Only)**

Should you have further questions regarding this form, please contact Darlene Akel at [Darlene.akel@arkansas.gov](mailto:Darlene.akel@arkansas.gov) or 501-371-1508. Please provide the ID# in the top "right" corner of your current license, upon emailing or calling so we can best serve you.