COMPLETE, PRINT, SIGN, AND MAIL OR FAX (If paying with credit card, complete Credit Card Payment Authorization on page 2)

CONTRACTOR NAME CHANGE

SECRETARY OF STATE

SFN 19424 (03-2016)

For Office Use Only

ID Number:
WO Number:
Issued By:

Secretary of State
State of North Dakota
600 E Boulevard Ave Dept 108
Bismarck ND 58505-0500
Telephone: (701) 328-3665
Toll-Free: (800) 352-0867, option 4
Fax: (701) 328-1690
Website: sos.nd.gov

FEE: $10.00

INSTRUCTIONS:

1. State law requires that this form be filed no later than ten days after a change or name.
2. This form cannot be filed if the name change is associated with a change in the licensee's legal business structure. Contact the Secretary of State's office for further information.
3. List the current name, new name, complete address, social security or federal ID number, class, and current license number; and indicate the business type. In compliance with the Federal Privacy Act of 1974, the disclosure of the social security number or federal ID number on this form is voluntary. They are not disclosed to the public. The numbers are used by the Secretary of State to maintain accurate contractor files. Therefore, while voluntary disclosure is requested, failure to do so will not invalidate this contractor name change.
4. This form must be signed.
5. After the form has been processed, a certificate with the new name will be forwarded to the address provided below.

TYPE OR PRINT LEGIBLY

For reference, see North Dakota Century Code, Section 43-07-09.1.

Name on current license				
New name				
Address		City	State	ZIP code
Social security number	Federal ID number	Class of license	License number	

Business type (check one)

- ☐ Sole proprietorship
- ☐ Limited liability partnership
- ☐ Limited liability company
- ☐ General partnership
- ☐ Corporation

The undersigned hereby certifies that the applicant has changed the name on the contractor's license. The legal status will remain the same as originally issued.

Applicant signature	Date

CREDIT CARD PAYMENT AUTHORIZATION

SECRETARY OF STATE

SFN 51478 (02-2016)

WO Number (For Office Use Only):

Amount

Name			Telephone Number
Address	City	State	ZIP Code
Card Type ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express			Signature (required by credit card companies)
Account Number	CSC Number*	Card Expires (MMYY)	Date

*Three-digit (Visa, MasterCard, or Discover) or four-digit (American Express) security code