**METROPOLITAN GOVERNMENT OF NASHVILLE**
**AND DAVIDSON COUNTY**
**DEPARTMENT OF CODES ADMINISTRATION**

# REGISTRATION OF A CHANGE IN NAME FOR ALL METROPOLITAN AND STATE PLUMBING, ELECTRICAL AND GAS/MECHANICAL LICENSED CONTRACTORS

_____ _____ _____
Name of Company prior to Name Change License Number Date

_____ (_____) _____
Address Area Code Home Phone Number

_____ _____ _____
City State Zip Code

_____ _____
Please print name Signature of Licensed Individual or Qualifying Agent

**In accordance with the requirements of the Metropolitan Code, I/We hereby make application to <u>CHANGE THE NAME</u> of the company to be the following:**

Firm Name _____

Firm's Address _____ Phone No. ( ) _____

City _____ State _____ Zip Code _____ Fax No. ( ) _____

*Will you be employed other than as the License Holder for the above listed firm?* _____ *(Yes or No)*
*If so, by whom?* _____ *Number of hours per week?* _____

*I hereby certify that the above information is true to the best of my knowledge, and the above License Holder/Qualifying Agent is employed full time, and I further attest to the validity of the above signature.*

_____ _____
Please Print Name Sole Proprietor, Partner, or Corporate Officer must sign here

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STATE OF _____
COUNTY OF _____

Personally appeared before me, _____, a Notary Public in and for said State and County, the within named, _____ has the authority and thereby executed the within instrument for the purpose therein contained.

Sworn to and subscribed before me this _____ day of _____, 20_____
NOTARY PUBLIC _____ My Commission Expires _____

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*APPROVED* _____ _____
*Director, Department of Codes Administration* *Secretary to Plumbing, Electrical and Mechanical Board*

_____ _____
*Date* *Date*

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**<u>Licenses and Insurance Required:</u>**
**Note: Bond, Insurance, Business License all must be in the same Company Name.**

State General Contractors License Number _____
Davidson County Business License Number _____
Metropolitan Permit Bond ($40,000 Bond) _____
Certificate of Insurance ($300,000 General) _____

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**Incomplete Applications will not be accepted. When submitting the Registration for a Change In Name for approval, please submit, Bond with Rider showing the change of name, Certificate of Insurance and Metro Business License showing change in name. Please deliver or mail your documentation to *<u>The Department of Codes and Building Safety, Metro Office Building, 800 2nd Avenue, South, P. O. Box 196350 Nashville, Tennessee 37219-6300. Office contact: 615-862-6598.</u>***