NAME CHANGE REGISTRATION FORM FOR: METROPOLITIAN AND STATE PLUMBING, ELECTRICAL AND GAS/MECHANIC LICENSED CONTRATOR

Name of Company prior to Name Change	License Nu	ımber	 Date	
Address	() Area Code	Phone Number		
City	 State	Zip Cod	de	
E-mail Address				
Please print name	Signature of Licensed Individual or Qualifying Agent			
In accordance with the requirements of the Mocompany to be the following:	etropolitan Code, I/We here	by make application to	<u>CHANGE THE NAME</u> of the	
Firm Name				
Firm's Address		Phone No. (
City Si	tate Zip Code	Fax No. ()	
Will you be employed other than as the License Ho				
I hereby certify that the above information is true employed full time, and I further attest to the validit		ge, and the above Licen	se Holder/Qualifying Agent is	
Please Print Name	Sole Proprietor, I	Partner, or Corporate Office	cer must sign here	
STATE OF				
Personally appeared before me, the within named, instrument for the purpose therein contained.		, a Notary Public in al _ has the authority and	nd for said State and County, thereby executed the within	
Sworn to and subscribed before me this NOTARY PUBLIC	day of My Commission E	, 20		
Licenses and Insurance Required: Note: Bond, Insurance, Business License all must be in the same Company Name.	State General Contractors Davidson County Busines Metropolitan Permit Bond Certificate of Insurance (\$	s License Number (\$40,000 Bond)		

Incomplete Applications will not be accepted. When submitting the Registration for a Change in Name for approval, please submit new required documentation to <u>The Department of Codes and Building Safety, Metro Office Building, 800 2nd Avenue, South, P. O. Box 196350. 1st Floor, Nashville, Tennessee 37219-6300. Office contact: 615-862-6517.</u>

You will have one year from the date of this filing to close out permits issued under the previous company name before that license becomes invalid.