



# Department of Commerce

Division of Industrial Compliance & Labor

John Kasich, Governor  
David Goodman, Director

## COMPANY NAME CHANGE REQUEST

### GUIDELINES

Per Ohio Revised Code § 4740.07 (D) (1), "If an individual who assigned a license to a business entity ceases to be associated with the business entity for any reason, including the death of the individual, the individual or business entity immediately shall notify the appropriate section of the board of the date on which the individual ceased to be associated with the business entity. A license assigned to a business entity is invalid ninety calendar days after the date on which the individual who assigned the license ceases to be associated with the business entity."

Per Ohio Revised Code § 4740.07 (F), "No individual who assigns a license to a business entity shall assign a license for the same type of contracting to another business entity until after ninety days after the individual ceases to be associated with the business entity to which the individual had assigned a license."

Per Ohio Revised Code § 4740.07 (H), "No license assigned under this section shall be assigned to more than one business entity at a time."

### PERSONAL INFORMATION

What is your five (5)-digit license number: \_\_\_\_\_ (The number listed on your state contractor license)

**Circle the license types you wish to change the company name: EL HV HY PL RE**

Your name: \_\_\_\_\_ Contact phone# ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Your Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### OLD COMPANY INFORMATION

Company Name listed on your license: \_\_\_\_\_

Company Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Company phone#: ( ) \_\_\_\_\_

**You must submit a letter verifying last employment date from company on their letterhead with this application**

Why you wish to change the company name on your license: \_\_\_\_\_

### NEW COMPANY INFORMATION

What is the company name you would like to reassign your license to: \_\_\_\_\_

Company address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Owner's Name: \_\_\_\_\_

Company phone#:( ) \_\_\_\_\_ Employment date with new company: \_\_\_\_\_

### ADDITIONAL INFORMATION & CHECK LIST

You are required to pay a \$25 fee (per license changed) unless your license is in a renewal period (90 days prior to the license expiration) and provide new proof of insurance reflecting the current information. Are your license(s) in a renewal period? YES  NO  If NOT in renewal, have you included the \$25 fee PER license? YES  NO  For each license you place into inactive status, you must return your old license with the old company name. Have you included the old license for each license to which you are making a company name change? YES  NO

SIGNATURE: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_