



Department of Commerce

Division of Industrial Compliance
John R. Kasich, Governor
Jacqueline T. Williams, Director

Check # _____ Amount: _____
Proof of Insurance attached: Yes or No
ORIGINAL License attached: Yes or No

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.”

What is your license number: _____ Circle the license type(s) you wish to change: EL HV HY PL RE

Your name: _____ Contact phone# () _____

E-mail: _____

Your Address: _____ City: _____ State: _____ Zip: _____

OLD COMPANY INFORMATION

Company Name currently listed on your license: _____

Company Address: _____ City: _____ State: _____ Zip: _____

Owner’s Name: _____ Company phone#: () _____

Note: You MUST attach a letter from your Previous Employer on Company Letterhead releasing your license. If you do not attach the release letter, your license will not be issued with the New Company Name for 90 days from the date we receive this form.

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: _____

Your Current Position/Title (circle one): Owner Employee

Company phone#: () _____ Employment date with new company: _____

ADDITIONAL INFORMATION

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). You MUST also attach a Certificate of Liability Insurance form reflecting the New Company’s information, and return your ORIGINAL License(s) with the old company name. **Your new license will not be issued if any of these documents are not in place.**

SIGNATURE: _____ TODAY’S DATE: _____