

Application to Change Firm Name

Date of Request

Firm Registration Number

Contact Person: _____ E-Mail: _____
(for information about this form)

Old Firm Name: _____

NEW Firm Name: _____

Mailing Address

City State Zip

Phone E-Mail

Supervising Professional Architect License No.

Supervising Professional Engineer (if applicable) License No.

Please send me a replacement Certificate: Yes No

Reason for change of firm name:

Please submit this form along with an updated copy of documentation from the Louisiana Secretary of State.

I certify that the above information above is true and correct

Signature Print Name Date