

# **Business Firm Change Form**

## **General**

The only changes that require a processing fee of (\$15.00\*\*\*) are Name Changes and Service Change Requests. The processing fee may be paid by a check or money order made payable to the NC Board of Examiners. The fee may also be paid by credit card. If paying by credit card, the attached Credit Card Information Sheet must be completed and returned with the completed change form.

If a fee is required and is being paid by check, then the change form must be mailed to the Board office with the required fee. If no fee is required or if paying by credit card, the change form may be e-mailed to the Director of Business Licensure & Compliance at [firms@ncbels.org](mailto:firms@ncbels.org).

The Business Firm change form should be used for all firms that have a license number that starts with the letter "F".

## **Resident and Responsible Licensee(s):**

1. Each location of the firm within the State of North Carolina must have one North Carolina licensee assigned for each profession (engineering/surveying) being offered from that location who is complying with the Resident Licensee Requirement in NCAC Title 21, Chapter 56 (Board Rules), Section .0901(c).
2. Each location of the Corporation outside of the State of North Carolina must have one North Carolina licensee assigned for each profession (engineering/surveying) being offered from that location who will be in responsible charge of North Carolina projects performed from that location.

## **\*\*\*Corporate Name Change:**

All name changes must receive approval from the NC Board of Examiners prior to filing any amendments with the NC Secretary of State or using the name in North Carolina. In addition to sending the Business Firm Change Form, a copy of the proposed *Articles of Amendment* (Domestic Corporation - [B-02](#)) or proposed *Application for Amended Certificate of Authority* (Foreign Corporation - [B-10](#)) showing the proposed new name must be provided. Foreign firms need to also submit a copy of the recorded name change amendment filed with the firm's State of Registration.

**Note:** If the firm is a Non-Exempt Proprietorship or General Partnership then no Secretary of State forms need to be provided as these firms are not registered with that agency.

## **\*\*\*Change in Services being offered:**

If the firm wishes to add a service (engineering or land surveying) then a North Carolina licensee employed by the firm for each profession that will be offered must be reflected on the change form. In addition, a copy of the proposed *Articles of Amendment* (Domestic Corporation - [B-02](#)) or proposed *Application for Amended Certificate of Authority* (Foreign Corporation - [B-10](#)) showing proposed addition or deletion of a service must be provided.

**Note:** If the firm is a Non-Exempt Proprietorship or General Partnership then no Secretary of State forms need to be provided as these firms are not registered with that agency.

## **Change in Partners for LP, LLP, General Partnership**

If the Partnership has changes in its members it must complete the appropriate section of the change form as well as the rest of the firm and email it to the Board office at [firms@ncbels.org](mailto:firms@ncbels.org) to update the firm records.

Check the Change in Partners Box at top of form.



B. Offices of the Firm (A Resident Professional must be designated for each service offered by the business firm):

Firm <b>Mailing</b> Address (if different than Main Physical Address)	
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	Old <b>Physical</b> Address	New <b>Physical</b> Address	Resident (in-state) or Responsible Charge (out-of-state) Licensee(s) Name(s) <i>See Directions for Explanation</i>	NC Individual PE/PLS License Number
Main Office				
Branch 1				
Branch 2				
Branch 3				
Branch 4				
Branch 5				

(For Sections A and B above, attach additional pages as necessary.)

C.

Partnership Instructions:

1. List all Partner(s) and corresponding ownership. All Partners must be individuals. A firm may only be a Partner if that entity is also licensed with the NC Board of Examiners for Engineers and Surveyors.
2. If Partners are other than individuals, contact the Director of Business Licensure at firms@ncbels.org.

	<u>Name, Address, Telephone</u>	<u>Percentage owned in Partnership</u>
A.	_____	_____
	_____	
	_____	
	_____	
B.	_____	_____
	_____	
	_____	
	_____	
C.	_____	_____
	_____	
	_____	
	_____	
D.	_____	_____
	_____	
	_____	
	_____	

*(Use Additional Sheets if Necessary)*

## Certification

The undersigned certifies that the Business Firm is being operated in compliance with the laws of the State of North Carolina and the regulations of the North Carolina Board of Examiners for Engineers and Surveyors.

1. Each location of the firm within the State of North Carolina has one North Carolina licensee assigned for each profession (engineering/surveying) being offered from that location who is complying with the Resident Licensee Requirement in NCAC Title 21, Chapter 56 (Board Rules), Section .0901(c).
2. Each location of the firm located outside of the State of North Carolina has one North Carolina licensee assigned for each profession (engineering/surveying) being offered from that location who will be in responsible charge of North Carolina projects performed from that location.
3. For Partnerships Only: The licensee has verified the ownership reflected is accurate and true

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name and Title

\_\_\_\_\_  
Individuals NC License Number

\_\_\_\_\_  
E-mail Address of Primary Contact for Firm

\_\_\_\_\_  
Main Phone Number

\_\_\_\_\_  
Main Fax Number

\_\_\_\_\_  
Federal Tax ID Number (required)

## Credit Card Information Sheet

Accepted Credit Cards: Visa, MasterCard, Discover

To pay the Application Fee by credit card, the following information **must** be provided: Amount charged will be: **\$15.00** (Processing Fee)

Check Card Type: Visa  MasterCard  Discover

Credit Card Number: \_\_\_\_\_

Exact Name as it as it appears on Card: \_\_\_\_\_

Card Expiration Date (enter Mo/Yr): \_\_\_\_\_

Typed Name of Cardholder: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_

*Cardholder acknowledges receipt of goods and/or services in the amount of the total shown hereon and agrees to perform the obligations set forth in the Cardholder's Agreement with the issuer.*

<b>For Office Use Only:</b>	Auth: _____
	_____
	Ref: _____