



REGIONAL BUILDING DEPARTMENT

316 W. 15th Street • Pueblo, Colorado 81003 • (719) 543-0002
Fax: (719) 543-0062 • Website: www.prbd.com • Email: prbd@prbd.com

CONTRACTOR NAME CHANGE APPLICATION

Date: _____

I request to change the name of our company on our contractor license to the following:

Current License:

Name of Examinee : _____

DBA (Company Name): _____

Address : _____

City : _____ State: _____ Zip: _____

Telephone No. : _____

Type of License : _____

Proposed License:

Name of Examinee : _____

DBA (Company Name): _____

Address : _____

City : _____ State: _____ Zip: _____

Telephone No. : _____

Type of License : _____

Signature & Title

NOTE: No name change can be completed without an insurance certificate submitted and a copy of your Workman's Compensation Insurance, with the new name.