



**Pueblo Regional Building Department**  
**830 N Main St. Suite 100**  
**Pueblo CO 81003**  
**719-543-0002 fax 719-543-0062**

**www.prbd.com**

### **CONTRACTOR NAME CHANGE APPLICATION**

Date: \_\_\_\_\_

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

#### **Current Company Name:**

Name of Examinee : \_\_\_\_\_

DBA (Company Name): \_\_\_\_\_

Address : \_\_\_\_\_

City : \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone No. : \_\_\_\_\_

Type of License : \_\_\_\_\_

#### **New Company Name:**

Company Name : \_\_\_\_\_

Address : \_\_\_\_\_

City : \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone No. : \_\_\_\_\_

Type of License : \_\_\_\_\_

\_\_\_\_\_  
Signature & Title

**\*\*\*\* E-Mail Address : \_\_\_\_\_**

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.