



Change in Authorized Person(s)

Registered Name _____ **Registration Number(s)** _____

Enter name (business or sole proprietor) as it appears on your Registration

(Enter all that apply)

ADD Additional Authorized Person(s)

Does this person have managing and/or controlling authority, and/or at least 10% ownership

No__ Yes__ If yes, further documentation may be required.

Full Name

Title

Address, City, State, Zip Code

Phone

Cell Phone

Email

REMOVE Authorized Person(s)

Does this person have managing and/or controlling Authority, and/or at least 10% ownership?

No__ Yes__ If yes, further documentation may be required.

Full Name

Title

Address, City, State, Zip Code

Phone

Cell Phone

Email

By signing this request, I certify that I am the person with legal authority, to submit this change.

Name(Please Print):

Signature

Title

Date

Notes