

## Company or D/B/A Name Change Form

A licensee who changes its business name shall notify the Department in writing at least **15 days prior** to making such change. Please fax the completed Company or D/B/A Name Change Form to 717.787.8773 or email completed form to [ra-asklicensing@pa.gov](mailto:ra-asklicensing@pa.gov).

**If the company structure has changed, a new application may be required**

### 1. Current Company Name:

D/B/A (if applicable):

License Number:

### 2. New Company Name:

New D/B/A (if applicable):

Effective Date of Change:

Street Address:

City:

State:

Zip:

County:

Telephone Number:

Fax Number:

Office Manager:

If the office manager has changed, please complete the Owner/Officer/Branch Manager Change Form.

Email Address:

Website Address:

Attach Articles of Incorporation, if a foreign corporation, Foreign Registration Statement to do business in Pennsylvania, or a copy of the Operating Agreement, By-Laws, etc., evidence of registry with the Pennsylvania Department of State, if required [if not required, state reason below] and, if applicable, a copy of the fictitious name registration.

### Signature and Title of Authorized Person:

Name:

Title:

I understand by submitting this Company or D/B/A Name Change Form I am agreeing to be bound by the following declarations: **"I declare that all of my answers on this Contact Change Form are complete, true and correct. I make this declaration subject to the penalties of 18 PA.C.S. § 4904 relating to unsworn falsification to authorities."**

**Signature of Authorized Person:**