COB-1

P.O. Box 301008
Montgomery, Alabama
36130

STATE OF ALABAMA
ELECTRICAL CONTRACTORS BOARD

Phone: (334) 679-1020
staff@aecb.alabama.gov
www.aecb.alabama.gov

BUSINESS NAME CHANGE FORM

Use only to change the name on your Electrical Contractor license

New Business Name _____

Mailing Address _____

City _____ **County**_____ **State**_____ **Zip Code**_____

Physical Location _____

Old Business Name _____

Business Phone _____ **Cell Phone** _____ **Fax Number** _____

This business is conducted in the following manner: (circle one) Individual Partnership LLC Corporation

The following individual(s) is regularly employed or is the sole owner of this organization and is the RESPONSIBLE IN CHARGE as defined in Code of Alabama 1975, Section 34-36-1 to 18 et. Seq.

LICENSEE INFORMATION:

Each contractor will need to complete a separate form.

_____

Name **Certification Number**

I wish to inform the Board the name listed above is a bona fide active electrical contracting as described on this information sheet and that all information hereby submitted is complete and accurate.

Responsible in charge, sign here: _____ **Date:**_____

CHANGE OF BUISNESS NAME FEE IS $25.00 PER CONTRACTOR. YOU MAY PAY BY CASHIERS CHECK, MONEY ORDER, OR BY ENTERING YOUR CREDIT CARD INFORMATION BELOW.

CARD NUMBER: _____**CVV2:** _____

EXP DATE: _____ **CARDHOLDER SIGNATURE:** _____ **ZIP CODE:**_____