

Louisiana State Licensing Board for Contractors  
 600 North Street, Baton Rouge, LA 70802 225.765.2301 Fax: 888.510.0130  
[www.lacontractor.org](http://www.lacontractor.org)



## Name and/or Structure Change Form

➤ <b>Name and/or Structure Change Fee:</b> \$100.00 for Commercial, Residential and Mold; \$40.00 for Home Improvement Registration	
➤ This form is used to report the following changes to a Licensee/Registrant:	
<ul style="list-style-type: none"> <li>• Name Change (Sole Proprietor or Business)</li> <li>• Conversion</li> <li>• Merger</li> </ul>	<ul style="list-style-type: none"> <li>• Ownership Change</li> <li>• State of Incorporation Change</li> <li>• Federal Tax Identification (FEIN) Change</li> </ul>
<b>Before getting started:</b>	
➤ <b>Report all changes to the Louisiana Secretary of State (or IRS if reporting an FEIN change)</b> before completing this form. <ul style="list-style-type: none"> <li>○ This is required for all business entities, Louisiana companies and out-of-state companies. Not required for Individuals or General Partnerships</li> <li>○ The information provided on this form must match the Louisiana Secretary of State records.</li> </ul>	
<b>INSTRUCTIONS:</b>	
➤ Complete ALL sections below. ➤ Review <b>Section I</b> on page 2 and submit the required documents as instructed for those submitting a Name Change and/or Conversion ➤ Submit this completed form, fees and any required documents by email or mail. <ul style="list-style-type: none"> <li>○ If paying by check or money order, please mail form(s) and payment to above address:</li> <li>○ If paying by credit card or electronic checking, email completed form(s) and payment information to <a href="mailto:licensing@lsibc.gov">licensing@lsibc.gov</a>.</li> </ul>	

<b>A. IDENTIFYING INFORMATION</b>	
Date:	License Number:
Name on Contractor's License:	
Mailing Address:	
Phone Number:	Email:

<b>B. ARE YOU REPORTING A NAME CHANGE?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
NOTE: You CANNOT change from a sole proprietorship to a business entity with the current license. A new license/registration application is required if changing from a sole proprietor to a business entity.		
<b>1 Is the name change for a Sole Proprietor (Individual)?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>a New name of Sole Proprietor (Individual):</b> _____		
<b>b</b> Attach a copy of legal documentation reflecting the name change, such as a copy of a marriage license or court order changing the name of the sole proprietor		
<b>2 Is the name change for a General Partnership?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>a New name of General Partnership:</b> _____		
<b>b</b> Attach a copy of the amended Partnership Agreement reflecting the name change		
<b>3 Is the name change for a LLC, INC or LP?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>a New name of LLC, INC or LP:</b> _____		
<b>b</b> Name change must be reported to the Louisiana Secretary of State's office prior to submitting this form.		

<b>C. ARE YOU REPORTING A MERGER? (For LLC, INC, LP)</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
*Merger must be reported to the Louisiana Secretary of State's office prior to submitting this form			
<b>1 Is the surviving entity the business who currently holds the license with this board?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
<b>a</b> If the surviving entity is unlicensed, the surviving entity must submit a new application.			
<b>b</b> If licensed entity did not survive the merger, the non-surviving entity's license will be terminated.			

<b>D. ARE YOU REPORTING A CONVERSION? (For LLC, INC, LP)</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
<i>*Conversion must be reported to the Louisiana Secretary of State's office prior to submitting this form.</i>			
<b>1 New name of converted business entity:</b> _____			

<b>E. ARE YOU REPORTING AN OWNERSHIP CHANGE?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>1 Is the ownership change for a General Partnership?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>a</b> Attach a copy of your amended Partnership Agreement.		
<b>2 Is the ownership change for an INC, LLC or LP?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>a</b> Ownership change must be reported to the Louisiana Secretary of State prior to submitting this form.		
<b>Special or Unique Ownership Changes:</b>		
<b>3 Did you have an ownership change take place where only the Assets were sold and not the liabilities?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>If Yes:</b> <ul style="list-style-type: none"> <li>○ The license cannot be transferred to the purchaser of the assets. The seller will remain as the license holder.</li> <li>○ If the purchaser wishes to operate as a contractor and would like to become licensed/registered, the purchaser must apply for and obtain a license/registration in their name.</li> <li>○ The <b>seller</b> (license holder) must indicate below whether they wish to continue to operate as a contractor and continue to hold the current license/registration:</li> </ul> <p><b>Select One:</b>    <input type="checkbox"/> Continue with current license/registration</p> <p>                      <input type="checkbox"/> Terminate the current license/registration</p>		

<b>F. ARE YOU REPORTING A CHANGE IN "STATE OF INCORPORATION"?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<i>*Changes to State of Incorporation (Organization, if LLC) must be reported to the Louisiana Secretary of State prior to submitting this form.</i>		
<b>Example of this change:</b> The company was originally incorporated (formed) in Louisiana but moved its state of incorporation to Delaware and is now a Delaware company.		

<b>G. ARE YOU REPORTING A CHANGE TO A FEIN?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>1 Was the FEIN change due to a new business entity being formed?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>a</b> If Yes, the new business entity will be required to apply for a new license/registration.		
<b>b</b> If No, provide your company's new Federal Identification Number (FEIN) <b>New FEIN:</b> _____		

<b>H. VERIFY QUALIFYING PARTY STATUS</b>			
<i>*Not required for those who only hold a home improvement registration</i>			
<b>1 As the result of one of the above changes, is the current qualifying party(ies) listed on the license still with the company either as an employee or as an owner/officer of the company?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
If you answered <b>NO</b> and one or more qualifying parties have left the company, this must be reported to the board using the form called "Disassociation of a Qualifying Party". Click <a href="#">HERE</a> to download the form.			

<b>I. UPDATE INSURANCE INFORMATION (only if answered YES to Name Change and/or Conversion)</b>		
<i>* Not required if contractor/company only holds a commercial license</i>		
<b>1 Provide current certificate of insurance for General Liability and Workers' Compensation in the new name</b>	<input type="checkbox"/> Emailed by agent	<input type="checkbox"/> N/A
NOTE: Your insurance agent must directly email these certificates to <a href="mailto:insurance@lsibc.gov">insurance@lsibc.gov</a> . It cannot be accepted from the contractor. <ul style="list-style-type: none"> <li>○ For specific insurance information such as amount the minimum amount of coverage required, please visit our website's FAQs by clicking <a href="#">HERE</a>.</li> </ul>		

<b>J. UPDATE BUSINESS INFORMATION (REQUIRED FOR ALL BUSINESS ENTITIES)</b>				
<ul style="list-style-type: none"> <li>➤ Only complete the section that applies to your type of business; not required for those licensed in an Individual name</li> <li>➤ Dates of Births and Social Security Numbers are <b>required</b> for every officer, partner or member/manager.</li> </ul>				
Provide current information below. (The information provided must match the records of the Louisiana Secretary of State.)				
Type of Business	Officers, Partners or Members	Full Name	Date of Birth mm/dd/yyyy	Social Security Number or FEIN (if owner is a business entity)
Corporation	President			
	Vice President			
	Treasurer			
	Fiscal Officer			
Partnership	Partners:			
LLC	Member(s) and Managers(s)			

<b>K. AFFIDAVIT</b>	
<ul style="list-style-type: none"> <li>➤ The statement below must be initialed by the person authorized* to make changes to your license/registration.</li> <li>➤ Please print name and title and sign below.</li> </ul>	
<b>Initial:</b>	I certify and affirm that the forgoing statements and all statements contained on this form are true and correct and the answers of the foregoing are true to the best of my knowledge under penalties of perjury.
<hr/> Print Name and Title	
<hr/> Signature	
*Person(s) Authorized to make changes include: Sole Proprietor, Member or Manager of LLC, Corporate Officer or Partner	

<b>L. FEES</b>		<u>Amount</u>	<u>Select</u>
Name and/or Structure Change Fee (Commercial, Residential and Mold Licensees)		\$100.00	<input type="checkbox"/>
Name and/or Structure Change Fee (Home Improvement Registrants)		\$40.00	<input type="checkbox"/>
Payment Method – Processing Fee ( <i>select one of the following</i> )			
Pay by credit card	\$2.00 convenience charge + 2.5% is added to the total amount		<input type="checkbox"/>
Pay by electronic checking	\$2.00 convenience charge + \$1.00 is added to the total amount		<input type="checkbox"/>
Pay by check/money order	No charge (Make payable to “LSLBC”)		<input type="checkbox"/>
<b>TOTAL FEES</b>			<b>\$</b>

**PAYMENT INFORMATION**

Name on Contractor's License: \_\_\_\_\_

License Number(s): \_\_\_\_\_

**\*Complete all information below depending on payment method selected****Credit Card Information**

❖ Processing Fee: \$2.00 convenience charge + 2.5% is added to subtotal amount

Name on the Card: \_\_\_\_\_

Card Type: \_\_\_\_\_ (VISA, MasterCard, American Express, etc.)

Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Address of Cardholder: \_\_\_\_\_

**Electronic Checking Information**

(ACH Transaction)

❖ Processing Fee: \$2.00 convenience charge + \$1.00 is added to the subtotal amount

Name on the Account: \_\_\_\_\_

Name of Authorized Signer: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Account Type: *(select one)*      Checking ☐      Savings ☐