

GEORGIA BOARD OF PRIVATE DETECTIVE & SECURITY AGENCIES
237 COLISEUM DRIVE
MACON, GA 31217
404-424-9966

COMPANY REQUEST FOR CHANGE OF LOCATION AND/OR CHANGE OF NAME

NOTE: ANY CHANGE OF OWNERSHIP OR STATUS BETWEEN INDIVIDUAL, PARTNERSHIP, CORPORATION, OR ANY CHANGE IN DESIGNEE WHO APPLIED ON BEHALF OF CORPORATION OR PARTNERSHIP REQUIRES A NEW APPLICATION AND FEE.

IF BUSINESS IS A CORPORATION, ATTACH A COPY OF YOUR CERTIFICATE OF NAME CHANGE AMENDMENT FROM THE CORPORATIONS DIVISION.

CURRENT LICENSE NUMBER: _____

CURRENT NAME OF BUSINESS (AS IT APPEARS ON THE CURRENT LICENSE):

OLD LOCATION ADDRESS:

STREET

CITY

ZIP

COUNTY

LICENSE HOLDER: _____

CHANGE REQUEST

NEW NAME OF BUSINESS:

FEDERAL EMPLOYER'S ID:

NEW LOCATION ADDRESS:

STREET

CITY

ZIP

COUNTY

CURRENT TELEPHONE NUMBER: __ (____) _____

PRINT NAME LICENSE HOLDER AS IT APPEARS ON THE LICENSE:

SIGNATURE OF LICENSE HOLDER:

EMAIL: _____

ATTACH THE FOLLOWING IF APPLYING FOR A CHANGE OF NAME:

- BOND OR BOND RIDER SHOWING NEW NAME, **OR**
- **ORIGINAL** CERTIFICATE OF INSURANCE SHOWING NEW NAME
- IF CORPORATION, ATTACH CERTIFICATE OF NAME CHANGE AMENDMENT
- A LISTING OF ALL EMPLOYEES, INCLUDING REGISTRATION NUMBERS.

THE CHANGE OF NAME OR ADDRESS WILL REQUIRE REPRINTING THE COMPANY LICENSE AND ALL EMPLOYEE REGISTRATION CARDS. LICENSES MAY BE PRINTED ONLINE FROM OUR WEBSITE ONCE THE NAME OR ADDRESS HAS BEEN CHANGED, OR LICENSES MAY BE ORDERED FROM THE SAME WEBSITE FOR \$25.00 PER LICENSE REQUESTED.