Contractor Account Change Form

Centennial Contractor No. CN-_____ Effective Date of Change _____

Business Name _____

Check All Changes That Apply:

☐ Business Name/DBA Change (**NO** change in ownership)

☐ Physical Address

☐ Mailing Address

☐ Other: _____

☐ Testing Certificate Holder (Provide Copy of Test Certificate)

☐ State Masters/Contractors Licenses (Provide Copies)

☐ Contact Person

Current Account Information:

_____

_____

_____

_____

Request to Change Information to:

_____

_____

_____

_____

I swear or affirm, under penalty of perjury, that this form has been examined by me and statements made herein are to the best of my knowledge true and correct.

Print Applicant Name _____

Signature of Applicant _____Date _____