

GEORGIA BOARD OF PRIVATE DETECTIVE & SECURITY AGENCIES
237 COLISEUM DRIVE
MACON, GA 31217
478.207.2440

REQUEST FOR CHANGE OF LOCATION &/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. SUBMIT A NEW APPLICATION. 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. A CHARGE OF \$25.00 PER CARD REPRINTED, MADE PAYABLE TO "PROFESSIONAL LICENSING BOARDS DIVISION", MUST BE RECEIVED WITH THIS APPLICATION.