



**STATE OF IDAHO DIVISION OF BUILDING SAFETY**

1090 East Watertower Street, Suite 150

Meridian, Idaho 83642

Ph: 800-955-3044

Fax: 877-810-2840

[dbs.idaho.gov](http://dbs.idaho.gov)

**APPLICATION FOR CONTRACTOR CHANGE OF COMPANY NAME**

(This Application Is For Change of Company Name Only – Not For Change of Ownership)

**Note: Application Fees are Non-Refundable**

**\*Mark the type of Contractor License you are applying to change:**

**Electrical Contractor/Specialty Contractor** \_\_\_\_\_ (\$15) (If this change is a result of a business structure change a new application is required. Please contact us at the number above.)

**\*Check the type of business:**

Individual \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Other \_\_\_\_\_ Legal Entity \_\_\_\_\_ Employer Identification Number \_\_\_\_\_

(Provide documentation from the Idaho State Secretary of State)

**Plumbing Contractor/Specialty Contractor** \_\_\_\_\_ (\$22.50) Social Security Number: \_\_\_\_\_

**HVAC Contractor/Specialty Contractor** \_\_\_\_\_ (\$35) Social Security Number: \_\_\_\_\_

**\*Required Field**

\*Contractor License Number: \_\_\_\_\_

\*Original Company Name: \_\_\_\_\_

\*New Company Name: \_\_\_\_\_

\*Address: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip Code: \_\_\_\_\_

\*E-Mail Address: \_\_\_\_\_

*(All future notifications will be done via email.)*

\*Contact Phone Number(s): \_\_\_\_\_

I am responsible for updating any information in writing to the Division of Building Safety, and I will be held accountable for any and all fees, purchases or fines that have been issued to this license.

\*

**Applicant (Owner)** (Please Print)

**Signature**

**Date**

**THIS SECTION TO BE COMPLETED BY A NOTARY PUBLIC**

State of \_\_\_\_\_

The above individual appeared before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

NOTARY SEAL:

\_\_\_\_\_  
Signature of Notary Public

Commission Expires: \_\_\_\_\_



## CREDIT CARD AUTHORIZATION FORM

Idaho Division of Building Safety  
1090 E. Watertower St. Suite 150  
Meridian, ID 83642  
Phone: 1-800- 955-3044 Fax: 1-877- 810-2840  
Email: [customer.service@dbs.idaho.gov](mailto:customer.service@dbs.idaho.gov)

I \_\_\_\_\_, authorize **The State of Idaho**,  
(Please Print Card Holders Name)

**Division of Building Safety**, to charge my credit/debit card account in the amount of \$\_\_\_\_\_

*\*Please note there is an additional 3% charge for the use of your card through Access Idaho.*

### This payment is for:

- |  |   |
|--|---|
| <input type="checkbox"/> License Application Fee _____<br>Applicant Name | <input type="checkbox"/> New Permit Fee _____<br>Job Site Address           |
| <input type="checkbox"/> License Renewal Fee _____<br>License Number     | <input type="checkbox"/> Fee Due on Existing Permit _____<br>Permit Number  |
| <input type="checkbox"/> New License Fee _____<br>Applicant Name         | <input type="checkbox"/> Other _____<br>Please Provide Detailed Information |

\_\_\_\_\_  
**Cardholder Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Contact Phone Number**

\_\_\_\_\_  
**Email Address for Receipt (Optional)**

### **All Fields Below Are Required**

Credit/Debit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ CVC # \_\_\_\_\_

Billing Address Zip Code: \_\_\_\_\_

*\*Your card information will not be retained for future transactions*