



REQUEST TO CHANGE PERSONNEL

NAME AND LICENSE NUMBER

 Name *(Print name of licensee)*

 CCB license number

CORPORATE OFFICER OR LLC MEMBER ADDITIONS/DELETIONS

Attached is a required copy of the corporate or LLC minutes that list the added/deleted persons shown below.

Add Delete

 Print full legal name Title

_____/_____/_____
 D.O.B Last 4 digits of SS# Driver's License #

I understand that by signing below, I am being added to the CCB records as a corporate officer or LLC member of the license number listed above, and that I will be held liable as such, including but not limited to any unpaid construction debt that the licensee incurs.

 Signature of corporate officer or LLC member being added *(Required)*

 Date *(Required)*

Add Delete

 Full legal name Title

_____/_____/_____
 D.O.B Last 4 digits of SS# Driver's License #

I understand that by signing below, I am being added to the CCB records as a corporate officer or LLC member of the license number listed above, and that I will be held liable as such, including but not limited to any unpaid construction debt that the licensee incurs.

 Signature of corporate officer or LLC member being added *(Required)*

 Date *(Required)*

(Attach separate sheet for additional names)

SIGNATURE

 Your Name *(Print name of current LLC member or corporate officer making this request)*

(_____)_____
 Phone number

 Signature *(Required)*

 Date *(Required)*



REQUEST TO CHANGE RESPONSIBLE MANAGING INDIVIDUAL (RMI)

NAME AND LICENSE NUMBER

Print name of Licensee _____
 CCB license number

RESPONSIBLE MANAGING INDIVIDUAL (RMI) ADDITIONS/DELETIONS

1. Print full legal name of RMI _____

_____/_____/_____
 D.O.B Last 4 digits of SS# Driver' s License #

2. The RMI listed above is: (check one) An owner, partner, corporate officer, LLC member or trustee
 An employee or officer that is not a shareholder or is a minority shareholder

3. (A) TRAINING AND TESTING

The RMI completed the 16-hour training within 24 months of the date of this application, and passed the test.
 Yes No If yes, please attach a copy of the test site score report.

OR

The RMI completed the 16-hour training, passed the test and is the RMI of a license that is either currently active or has not lapsed for more than 24 months prior to the date of this application.
 Yes No If yes, CCB License Number: _____

(B) EXPERIENCE. *The training and test is not required if:*

a. The RMI must be listed on the CCB's current license records as having been a sole proprietor, partner, venturer, member, corporate officer, trustee, or designated RMI of a business licensed before July 1, 2000, and

b. The licensed business either must not have lapsed, or if lapsed, it must not have lapsed for more than 24 months prior to the date of this application, and

c. The RMI must have been listed as a sole proprietor, partner, venturer, member, corporate officer, trustee, or designated RMI of the business within the 24-month period prior to the date of this application.

Does the RMI meet the experience requirement?
 Yes No If yes, CCB License Number: _____

SIGNATURE

As the RMI, I certify that: (1) I have management or supervisory authority over the construction activities of the business; and (2) If this business incurs a construction debt that it does not pay, I understand that I may be prohibited from serving as an owner, officer or RMI of another license applicant unless that construction debt is satisfied, paid, or discharged.

 Signature of RMI (required) _____
 Date (required)

 Your Name (Print name of sole proprietor, partner, LLC member or corporate officer) _____
 Phone number

 Signature (Required) _____
 Date (required)