



# KANSAS STATE BOARD OF TECHNICAL PROFESSIONS

900 SW Jackson Street, Suite 507, Topeka, KS 66612

(785) 296-3053 | www.ksbtp.ks.gov

## NAME CHANGE BUSINESS ENTITY CERTIFICATE OF AUTHORIZATION

**INSTRUCTIONS:** Applicants should read all statutes, rules and regulations for specific details regarding requirements. All statutes, rules & regulations are available on our website.

1. Complete this form to change **BUSINESS ENTITY NAME** by merger, acquisition or other reason.
2. Documentation of NAME change must be attached to this application. Examples of documentation include Business Entity Board Resolution, Certificate of Good Standing with new name from state of origin, or amended articles of formation, as applicable.
3. Mail original, completed form with supporting documentation to the address listed above.
4. Questions? Please call KSBTP at (785) 296-4800.

**Application is not complete until the application and supporting documentation have been received by the board office.**

KSBTP Certificate of Authorization Number: \_\_\_\_\_

Business Entity FORMER NAME: \_\_\_\_\_

Business Entity NEW NAME: \_\_\_\_\_

Business Entity Address: \_\_\_\_\_

Business Entity City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Official mail should be addressed to the following preferred contact: \_\_\_\_\_

Preferred Contact's Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**I HEREBY CERTIFY THAT ALL STATEMENTS IN THIS FORM ARE TRUE AND CORRECT.**

\_\_\_\_\_  
Signature of Authorized Person

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Authorized Person

\_\_\_\_\_  
Position Title

**Keep a copy of this application for your records.**