



## REQUEST TO CHANGE ADDRESS OR ASSUMED BUSINESS NAME OR BUSINESS ENTITY NAME AMENDMENT

### NAME AND LICENSE NUMBER

\_\_\_\_\_  
 Name (Print name of licensee)

\_\_\_\_\_  
 CCB license number

### ADDRESS CHANGE

\_\_\_\_\_  
 New street address or PO Box (\_\_\_\_\_) Phone number

\_\_\_\_\_  
 City State Zip County

- Please add/change my Email address. \_\_\_\_\_
- Please also change my Oregon Certified Home Inspector Certification (OCHI) record. \_\_\_\_\_
- Please change my Oregon Certified Home Inspector Certification (OCHI) record only \_\_\_\_\_ OCHI number

### ASSUMED BUSINESS NAME (ABN) CHANGE

- I have **changed** my assumed business name with the Corporation Division and want the following ABN(s) added to my record. I want my current ABN(s) removed from my record.
- I want to **add** the following to my record. The new assumed business name is filed with the Corporation Division. I want my current ABN(s) to remain on my record.

New name(s) (ABN) \_\_\_\_\_

Corporation Division Registry number [call 503-986-2200] \_\_\_\_\_

### BUSINESS ENTITY NAME AMENDMENT

If you have filed a new corporation, a new LLC, or formed any other new business entity, you cannot use this form. Please contact the CCB at 503-378-4621 for a new application packet.

Amended name \_\_\_\_\_

Corporation Division Registry number [call 503-986-2200] \_\_\_\_\_

- I have attached a rider from my bond company and a Certificate of Insurance reflecting the amended name.

### SIGNATURE

\_\_\_\_\_  
 Your Name (Print name of sole proprietor, partner, LLC member or corporate officer)

(\_\_\_\_\_) \_\_\_\_\_  
 Phone number

\_\_\_\_\_  
 Signature (Required)

\_\_\_\_\_  
 Date (Required)