

APPLICATION FOR CHANGE OF ROOFING REGISTRY INFORMATION

This C	hange of Information form is for	a [check one]:	Registration Number:	
	Resident Contractor	Non-Reside	ent Contractor	
	Check here if Registrant is cease Contractor.	sing to do business in t	the State of Oklahoma as a Registered Roofing	
This ch	nange of information form is sub	mitted to record chang	ges of the following information (Check all that ap	pply)
	Name of individual contractor:	(See Note)		
	Physical Address (of individua	1):		
	Business Address:			
	Registered Service Agent (Nan	ne and Address-Reside	ent Contractors Only):	
	Business Phone: ()			
	Trade of Fictitious Name:			
	Authorized Persons to Act on Behalf of Business (and information, name, address and telephone):			
	Other information required by CIB (phone numbers, email):			
Only a (Exam	change in the name of the ind ple: due to marriage, divorce,	ividual contractor all etc.)	al contractor listed under a registration numbe lready registered can be submitted on this form	n.
and all Further stateme • Ap	supplemental materials submitted, by submitting this application agents are true and correct: uplicant desires to change its region.	ed herewith, and the in and signing below, app stry information under	this change of information application, related for information contained there, are true and correct. Splicant further declares under oath that the follower the Oklahoma Roofing Contractor Registration 2.	/ing
-	plicant agrees to fully comply w	•	cactor Registration Act. s and local ordinances pertaining to roofing standa	ards
and	d permits.			
sai		or for all lawful process	nts the Secretary of State as the legal service agent as for work performed in Oklahoma or for any pur	
Ap	plicant	Date		