



# SOUTH CAROLINA CONTRACTOR'S LICENSING BOARD

www.llr.state.sc.us/pol/contractors

## ADDRESS CHANGE REQUEST

**LICENSED NAME** (as it appears on license card): \_\_\_\_\_

**LICENSE NUMBER(s)**: \_\_\_\_\_

Change/update the following:

Mailing Address     Physical/Street Address\*     Phone Number     Fax Number

*\*NOTE: If you are a "dual qualifier", the physical/street address of both licenses must remain the same at all times (see www.scstatehouse.gov/code/t40c011.php, §40-11-230(C)).*

### PREVIOUS MAILING ADDRESS:

Address:			
City:		State:	Zip:

### NEW MAILING ADDRESS:

Address:			
City:		State:	Zip:

### PREVIOUS PHYSICAL/STREET ADDRESS:

Address:			
City:		State:	Zip:

### NEW PHYSICAL/STREET ADDRESS\*:

Address:			
City:		State:	Zip:

*\*NOTE: If you are a "dual qualifier", the physical/street address of both licenses must remain the same at all times (see www.scstatehouse.gov/code/t40c011.php, §40-11-230(C)).*

### NEW PHONE NUMBER:

### NEW FAX NUMBER:

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\_\_\_\_\_  
Owner/President/Authorized Representative Name

\_\_\_\_\_  
Owner/President/Authorized Representative Signature

\_\_\_\_\_  
Date

**MAIL:** PO Box 11329 Columbia SC 29211; **FAX:** (803) 896-4814; **EMAIL:** clbhelp@llr.sc.gov