

Please complete form, print, sign and mail to:

KANSAS STATE BOARD OF TECHNICAL PROFESSIONS

www.ksbtp.ks.gov 785-296-3053
900 SW Jackson Street, Suite 507, Topeka, KS 66612

NAME CHANGE - BUSINESS ENTITY CERTIFICATE OF AUTHORIZATION

INSTRUCTIONS:

- Complete this form to change **BUSINESS ENTITY NAME** by merger, acquisition, or other reason.
- Documentation of NAME change must be attached to this form. Documentation examples include Business Entity Board Resolution, Certificate of Good Standing with new name from state of origin, or amended articles of formation, as applicable.
- **Mail completed form along with required documentation to:**
Kansas State Board of Technical Professions
900 SW Jackson, Suite 507
Topeka, KS 66612
- Questions? Please call KSBTP at 785-296-4800.

KSBTP Certificate of Authorization Business Entity #: _____

Business Entity Former Name: _____

Business Entity **NEW NAME**: _____

Business Entity Mailing Address: _____

City: _____ State: _____ Zip: _____

Official Mail should be addressed to the following individual: _____

Changes will be effective immediately unless otherwise noted: _____

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

Signature of Authorized Person

Date

Name of Authorized Person

Position Title