

### RAP FIRM NAME CHANGE REQUEST

- All firm name changes must be approved by the Board before implementation and before renewal. **Do not submit your renewal form until after the firm name change is approved by the Board.**
- Along with this form, please submit a copy of the **Articles of Incorporation** or **Certificate of Authority** from the Minnesota Secretary of State showing the name change.
- If your firm’s legal form is changing, don’t use this form; instead submit a new [Firm Registration Form](#).

#### Current Firm Information

Firm Name \_\_\_\_\_ Firm Permit # \_\_\_\_\_

Primary Firm Address \_\_\_\_\_

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

Contact Name \_\_\_\_\_ Contact Phone \_\_\_\_\_

Legal form of firm prior to the name change:

<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Partnership
<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Foreign Firm Practicing in Minnesota

#### Proposed Changes

Proposed Firm Name \_\_\_\_\_

Is your firm’s legal form changing?  No  Yes—**If yes, don’t use this form; instead submit a new [Firm Registration Form](#).**

List the name and complete address of every owner, partner, member, shareholder, director or officer of the firm who resides in or practices in Minnesota. Attach list, if necessary.

Name	Address	City	State	Zip Code

Explain in detail the reason for the change. Attach additional sheets if necessary.

\_\_\_\_\_  
Signature of owner/managing partner/officer                      Printed Name                      Date