



Louisiana State Licensing Board for Contractors Information Change Request

**Please fax completed form to (225)765-2690 or mail to:
LA State Licensing Board for Contractors
Attention: Information Change Request
2525 Quail Drive
Baton Rouge, LA 70808**

Please make informational changes below. When finished, have it signed by an authorized person* and fax or mail it to the LSLBC address above.

Mailing Address:

Physical Address:

Phone Number: * * Please make sure to report area code changes * *

Fax Number: * * Please make sure to report area code changes * *

E-mail Address:

Website Address:

Check each type of license/registration currently held:

- | | |
|---|---|
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Residential |
| <input type="checkbox"/> Mold Remediation | <input type="checkbox"/> Home Improvement |

Please list any license/registration numbers to which the above changes apply:

| | |
|--|--|
| Commercial: <input type="text"/> | Residential: <input type="text"/> |
| Mold Remediation: <input type="text"/> | Home Improvement: <input type="text"/> |

Please complete the following once the form has been printed

Print Name of Person Authorized to Make Changes*: _____

Signature of Person Authorized to Make Changes*: _____

Title of Person Authorized to Make Changes*: _____

Date: _____

- * The following persons are considered authorized to make changes:
- Individual License/Registration - Sole Proprietor
 - LLC License/Registration - Member
 - Corporate License/Registration - Corporate Officer
 - Partnership License/Registration - Partner