

Send Completed form to:
 Contractual Services Unit
 1509 Mail Service Center
 Raleigh, NC 27699-1509
 -----or-----
 Fax to (919) 733-3584



For Official Use Only
 Vendor # _____

Small Professional Services Firm Program Information Change Request

Use this form to update information that is contained in the source database and displayed on the Contractor Directory. The firm's owner must approve all changes.

1	Name of Firm		
2	Contact Information <i>(Please include area codes)</i> <i>(Indicate if any of this information is new by adding (New) next to the entry)</i>	Business Phone: _____ Fax Number: _____ Cell Phone: _____ Pager: _____ Email: _____	
		CURRENT INFORMATION	CHANGE TO:
3	Contact Name		
4	Type of Business Entity	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Corporation Other: _____	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Corporation <input type="checkbox"/> Other: _____
5	Federal Tax ID (or SSN)		
6	Change in Ownership <i>(add % of Ownership for each individual)</i>	Name of Owner 1: _____ % ____ Name of Owner 2: _____ % ____ Name of Owner 3: _____ % ____ Name of Owner 4: _____ % ____	Name of Owner 1: _____ % ____ Name of Owner 2: _____ % ____ Name of Owner 3: _____ % ____ Name of Owner 4: _____ % ____
7	Mailing Address of Firm		
8	Street Address <i>(if different from above)</i>		
9	NCDOT Work Codes	_____ _____ _____	
10	NAICS Codes	_____ _____ _____	

I declare under penalty of perjury that the information provided on this form is true and correct.

Signature of majority owner _____ Date (mm/dd/yy) _____