

**ARIZONA REGISTRAR OF CONTRACTORS**  
**1700 W. Washington St. Suite 105**  
**Phoenix, AZ 85007-2812**  
**(602) 542-1525**  
**1-877-MY AZROC (1-877-692-9762)**

**NAME CHANGE REQUEST FOR CERTIFICATE OF DEPOSITS**

Has your address changed? Download the address change form at: <https://roc.az.gov/sites/default/files/files/Rc-l-302.pdf>

Date: \_\_\_\_\_

Registrar's Preliminary Receipt No.: \_\_\_\_\_

License number ROC: \_\_\_\_\_ Classification: \_\_\_\_\_ Amount of CD \$ \_\_\_\_\_

Bank: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Savings & Loan: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

**I/we hereby submit a request for a change of name on the above referenced license and alternate cash deposit document for your approval.**

FROM: \_\_\_\_\_

TO: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

EFFECTIVE DATE: \_\_\_\_\_

Signed: \_\_\_\_\_

Individual Owner, Partner, Member or Corporate Officer

**APPROVAL OF REGISTRAR OF CONTRACTORS:**

The above name change is hereby approved.

By: \_\_\_\_\_

CHIEF OF LICENSING

**RECEIVED BY ACCOUNTING DEPT.:**

The above name change is hereby received and recorded.

By: \_\_\_\_\_

ASSISTANT DIRECTOR, ADMINISTRATION