

Send Completed form to:
 Office of Equal Opportunity &
 Workforce Services - SPSF
 1511 Mail Service Center
 Raleigh, NC 27699-1511
 -----or-----
 Fax to (919) 508-1818



**Small Professional Services Firm Program
 Information Change Request**

For Official Use Only
 Vendor # _____

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 (Including area code) (Indicate changes to information by adding New next to the entry)	Business Phone: _____ Fax Number: _____ 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"/> Individual <input type="checkbox"/> Corporation Other: _____	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> Corporation Other: _____
5	Federal Tax ID (or SSN)		
6	Change in Ownership (add % of Ownership for each individual)	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	Firm's Mailing Address		
8	Street Address (if different from above)		
9	NCDOT Work Codes (if applicable)	_____ _____ _____	_____ _____ _____
10	NAICS Codes (if applicable)	_____ _____ _____	_____ _____ _____

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

Signature of Majority Owner _____ Date (mm/dd/yyyy) _____