



The State of North Carolina

The North Carolina Board of Architecture

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Address Change Form - FIRMS ONLY

PLEASE PRINT LEGIBLY OR TYPE THIS FORM.

Name of Firm : _____

Firm License Registration Number: _____

Date change is effective: _____

OLD ADDRESS:

NEW ADDRESS:

New Phone, Fax, Email:

Name of Contact Person for the firm: _____

Phone Number: _____

Fax Number: _____

Email: _____

For office use only:

Date Received _____ Recorded by _____