

## RAP FIRM NAME CHANGE REQUEST

- All firm name changes must be approved by the Board before implementation and before renewal.  
**Do not submit your renewal form until after the firm name change is approved by the Board.**
- Along with this form, please submit a copy of the **Articles of Incorporation** or **Certificate of Authority** from the Minnesota Secretary of State showing the name change.
- If your firm’s legal form is changing, don’t use this form; instead submit a new [Firm Registration Form](#).

### Current Firm Information

Firm Name \_\_\_\_\_ Firm Permit # \_\_\_\_\_

Primary Firm Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Name \_\_\_\_\_ Contact Phone \_\_\_\_\_

Legal form of firm prior to the name change:

|  |   |
|--|---|
| <input type="checkbox"/> Corporation         | <input type="checkbox"/> Limited Liability Partnership        |
| <input type="checkbox"/> Partnership         | <input type="checkbox"/> Limited Liability Company            |
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Foreign Firm Practicing in Minnesota |

### Proposed Changes

Proposed Firm Name \_\_\_\_\_

Is your firm’s legal form changing?  No  Yes—**If yes, don’t use this form; instead submit a new [Firm Registration Form](#).**

List the name and complete address of every owner, partner, member, shareholder, director or officer of the firm who resides in or practices in Minnesota. Attach list, if necessary.

| Name | Address | City | State | Zip Code |
|------|---------|------|-------|----------|
|      |         |      |       |          |
|      |         |      |       |          |
|      |         |      |       |          |
|      |         |      |       |          |
|      |         |      |       |          |
|      |         |      |       |          |

Explain in detail the reason for the change. Attach additional sheets if necessary.

\_\_\_\_\_  
Signature of owner/managing partner/officer

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date