

Chack All that Apply





Monogram/APIQR 202-682-8000 api.org/ContactMonogram

COMPANY NAME / LOCATION CHANGE REQUEST FORM

Please complete this form when you are requesting a company name or location change for your organization. In the applicable spaces below, please enter the NEW information and send the form to API through the contacts page at www.api.org/ContactMonogram. WHEN SUBMITTING THE FORM, PLEASE PROVIDE THE FOLLOWING:

- API Monogram Licensing Program Requirements initialed and signed by company officer (for all Monogram Licensees)
- APIQR Registration Program Requirements initialed and signed by company officer (for all APIQR Registrations)
- An official document in the English language that reflects the legal name of the organization/company (Name change requests only)

Check All that Apply.		
□ Company Name Change	Effective Date: (month/date/year)	
□ Company Location Change	Effective Date: (month/date/year)	
□ Company Ownership Change	Effective Date: (month/date/year)	
Facility ID:	Company Name: (For name change requests, provide the NEW name as it should appear on the facility API accou	nt and certificate)
	Facility Name, if applicable:	
Actual Physical Location of Facility acility acility acility's certificate)	to be Licensed and/or Registered: (For location change requests, provide the NEW location	to be identified on the
Street Address (PO Box not acceptable)		
ity	State/Province	
Postal Code Countr	ry	
rimary Contact for Correspondenc	ce/Billing:	
ame	Title/Position	
mail	Phone	
treet Address (no PO Box please)		
ity	State/Province	
ostal Code Countr	ry	
acility Contact: (Person at the licensed	d facility location if different from the Primary Contact above)	
ame	Title/Position	
mail	Phone	
lame Change Requests:		
What is the reason for the name change	e?	
ocation Change Requests:		
% of employees transferring to the new	r facility: Distance from original location:	
Will the same Quality Management Syst	tem be used at the new facility? $\ \square$ Yes $\ \square$ No	