COMPANY NAME / LOCATION CHANGE REQUEST FORM

For company name change requests to Monogram/APIQR certificates or location changes for your organization, fill out this form with the NEW information and send to API by going to www.api.org/ContactMonogram. INCLUDE THE DOCUMENTATION LISTED HERE:

- API Monogram Licensing Program Requirements (for all Monogram Licensees)
- APIQR Registration Program Requirements (for all APIQR Registrations)
- An official document in the English language that reflects the legal name of your 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 your API account and certificate)

Facility Name, if applicable: ______________________________________________________________

Actual Physical Location of Facility to be Licensed and/or Registered: (For location change requests, provide the NEW location to be identified on your certificate)

Street Address (PO Box not acceptable) ________________________________________________________________

City ____________________________________________________ State/Province ______________________________

Postal Code ____________  Country ____________________________________________________________

Primary Contact for Correspondence/Billing:

Name ___________________________________________________________  Title/Position ______________________________

Email ___________________________________________________________  Phone ______________________________

Street Address (PO Box not acceptable) ________________________________________________________________

City ____________________________________________________ State/Province ______________________________

Postal Code ____________  Country ____________________________________________________________

Facility Contact (Person at the licensed facility location, if different from the Primary Contact above)

Name ___________________________________________________________  Title/Position ______________________________

Email ___________________________________________________________  Phone ______________________________

Name Change Requests:

What is the reason for the name change? ______________________________________________________________________________________________

Location Change Requests

Number of employees transferring to the new facility: ______________  Distance from original location: ______________

Will the same Quality Management System be used at the new facility?  ☐ Yes  ☐ No