# FACILITY NAME / LOCATION CHANGE REQUEST FORM

For name change requests to Monogram/APIQR certificates or location changes for your facility/organization, fill out this form with the **NEW information** and email to Certification@api.org. Include the documentation listed here:

- API Monogram Licensing Program Requirements (if you have a Monogram License)
- APIQR Registration Program Requirements (if you have an APIQR Registration)
- An official document in the English language that reflects the legal name of your organization/company (Name change requests only)

## Check All that Apply:

- Facility/Organization Name Change  
  Effective Date: (month/date/year) _______________________________

- Facility/Organization Location Change  
  Effective Date: (month/date/year) _______________________________

- Facility/Organization Ownership Change  
  Effective Date: (month/date/year) _______________________________

## Facility ID: __________  Facility Name: ____________________________

*(For name change requests, provide the NEW name, as it should appear on your API account and certificate)*

## 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