



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