

Add Terminate Effective Date _____

Full Name/Entity DOB/State of Incorporation

Address (of primary residence or business) City State Zip Code

Title Responsibilities

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IV. AUTHORIZATION

I hereby certify that to the best of my knowledge, this Notice of Change Form contains no misrepresentation or omissions of material facts. (Must be signed by one of the Key Personnel on file with our office.)

Signature Date

Print Name Title

Important notice regarding business confidentiality claims pursuant to the Government Records Access and

Management Act: If you wish to make a claim of business confidentiality with respect to any information in this application or with respect to records you provide to the Department, please be aware of the following law: "Any person who provides to a governmental entity a record that the person believes should be protected under 63G-2-305(1) [trade secrets] or (2) [commercial information or nonindividual financial information] or both Subsections 63G-2-305(1) and (2) shall provide with the record: (A) a written claim of business confidentiality; and (B) a concise statement of reasons supporting the claim of business confidentiality."

Written claim of business confidentiality

Concise statement of reasons supporting the claim of business confidentiality
