

PLEASE BE SURE TO SIGN PAGE 1 SECTION D

REPORT OF CHANGE FORM

FOR THE MONTH _____ CALENDAR YEAR _____

A: NAME: Provide the current AND complete name for the license, registration, certification or business for which you will be reporting changes in section 1-6 below:

Business Name _____

Address _____ City _____ State _____ ZIP _____

B: LICENSE, REGISTRATION OR CERTIFICATION NUMBER: _____

C: TAX IDENTIFICATION NUMBER: Provide the valid tax identification number for the license, registration, or certification number for which you are reporting changes.

FEIN _____ or If SOLE PROPRIETOR SSN _____

D. AUTHORIZATION FOR CHANGES: (Signature is required)

→ **SIGNATURE:** _____ **DATE:** _____
PRINTED NAME OF SIGNER: _____ **TITLE:** _____

1. NAME CHANGE: Indicate any changes in name or corporate status in the space provided:

BUSINESS NAME TO: _____

DBA _____

2. LOCATION ADDRESS CHANGE TO: _____

CITY _____ COUNTY _____ STATE _____ ZIP _____

PHONE _____ FAX _____

E-MAIL _____ WEBSITE _____

3. MAILING ADDRESS CHANGE TO: _____

CITY _____ COUNTY _____ STATE _____ ZIP _____

4. BUSINESS LICENSE CATEGORIES ADDING; Indicate desired addition to BUSINESS License categories **ADDING AN ADDITIONAL CATEGORY IS \$140.00 FEE PER CATEGORY.**

CHECK IF DESIRED	CATEGORY	DESCRIPTION
<input type="checkbox"/>	1	Agricultural Pest Control
<input type="checkbox"/>	2	Forest Pest Control
<input type="checkbox"/>	3	Ornamental, Turf Pest Control and Interior Landscape
<input type="checkbox"/>	4	Seed Treatment
<input type="checkbox"/>	5	Aquatic Pest Control
<input type="checkbox"/>	6	Right-Of-Way Pest Control
<input type="checkbox"/>	7	Industrial, Institutional, Structural, and Health-Related Pest Control

THIS SECTION FOR KANSAS DEPARTMENT OF AGRICULTURE USE ONLY

FEE	CODE	TRANSACTION #	CC APP #	CHECK #
	BL			
	UA			
	RT			

