



CHANGE OF COMPANY INFORMATION FORM



Effective Date
1-2019

NOTICE: Information contained on this form is considered a public record and may be released under the Freedom of Information Act. Under penalty of A.C.A. § 5-53-103, knowingly giving a false statement or submitting a false document constitutes a Class A Misdemeanor.

(PREVIOUS) NAME OF COMPANY _____ CMPY # _____

THIS IS AN OFFICIAL NOTIFICATION TO THE DEPARTMENT OF THE ARKANSAS STATE POLICE THAT THE ABOVE NAMED COMPANY HAS CHANGED ITS BUSINESS INFORMATION IN THE FOLLOWING WAY (select any changes that are applicable):

NEW BUSINESS NAME

NEW PHONE NUMBER

(____) _____

NEW PRINCIPAL BUSINESS LOCATION

NEW EMAIL ADDRESS

NEW MAILING ADDRESS

NEW PARTNER/OFFICER NAME AND POSITION (**NOTE:** New applications for company officers must be submitted, along with the correct fees for the state and federal background check)

I hereby certify to the Department of the Arkansas State Police that the above information is true and correct.

OWNER/MANAGER SIGNATURE _____ DATE _____

NOTICE: A licensee or credential holder shall notify the Director of the Department of Arkansas State Police within fourteen (14) days after a change of the licensee's or credential holder's name, address, telephone number, email address, or officer or partner.