Commonwealth of Virginia
Department of Professional and Occupational Regulation
9960 Mayland Drive, Suite 400
Richmond, Virginia 23233-1485
(804) 367-8511
www.dpor.virginia.gov

Board for Contractors
CERTIFICATE OF LICENSE TERMINATION

I hereby certify that _____ changed entities or ceased operation as
                                          Business Name

a sole proprietor, general partnership, limited partnership/liability corporation, association, or corporation in the Commonwealth of Virginia

on _____ . Accordingly, I am returning license number | 2 | 7 | | | | | | | | .
          Date

The undersigned certify that the foregoing statement and answers are true. I/we have complied with all the laws of Virginia related to contractors licensure under the provisions of Title 54.1, Chapter 11 of the Code of Virginia and the Board for Contractors Rules and Regulations, and I/we understand this affidavit.

1. Business Entity/Sole Proprietor's Name _____

2. Trade, "Doing Business As" (DBA), or "Fictitious Name" _____

3. Provide **one** of the following identification numbers✳:

   ☐ Business Federal Employer Identification Number (FEIN) | | |-| | | | | | | |
                                                                 Federal Employer Identification Number (12-3456789)

   ☐ *Sole Proprietor's/Individual's* Social Security Number   ***or*** | | | |-| | |-| | | | |
   ☐ *Virginia* Department of Motor Vehicles Control Number   Social Security or Virginia DMV Number (123-45-6789)

   ➢ Enter the same identification number as used on previous applications or licenses on file with the department.

   ✳ State law requires every applicant, *who is not a sole proprietor or solely owned LLC,* to provide a federal employer identification number. *Sole proprietor or solely owned LLC* who do not have a FEIN must provide a social security number or *a control number issued by the Virginia Department of Motor Vehicles.*

4. Mailing Address (PO Box accepted) _____

   _____

   _____
   City   State   Zip Code

5. Contact Numbers _____
   Primary Telephone   Alternate Telephone   Fax

6. Email Address _____

(Signature and Notarization Form next)

BOARD USE ONLY	LICENSE NUMBER	TRANSACTION DATE

7. **Signature of Responsible Management** (sole proprietor, partners of a general partnership, managing partner of a limited partnership, officers/directors of an association, managers/members of a limited liability company, or officers of a corporation)

Print Name _____

Signature _____

Title _____ Date _____

Notarization

In the State of _____, City/County of _____, subscribed and sworn before me,

the undersigned Notary Public in and for the City/County aforesaid this _____ day of _____, _____ .

My commission expires the _____, day of _____, _____ .

Affix official seal here. _____
Signature of Notary Public