



## 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](mailto: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