

NORTH CAROLINA PSYCHOLOGY BOARD
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AMENDMENT TO
APPLICATION FOR CERTIFICATE OF REGISTRATION
OF PROFESSIONAL LIMITED LIABILITY COMPANY

Current Name/Address of PLLC: _____ Certificate #: _____

Phone: (____) _____ E-mail: _____

Proposed Name of PLLC: _____

Submitted by organizer(s):

Name Signature email address/daytime phone

Name Signature email address/daytime phone

Name Signature email address/daytime phone

Signed before me this _____ day of _____, 20_____

Notary Public

My commission expires _____