

CERTIFICATE OF BUSINESS
FICTITIOUS FIRM NAME

ADDRESS CHANGE FORM

*THE EXPIRATION DATE FOR YOUR CURRENT CERTIFICATE SHALL REMAIN
FIVE YEARS FROM THE ORIGINAL FILE DATE*

Current Certificate File Number: _____

Fictitious Firm Name (DBA): _____

Owner Requesting Change: _____
(Please Type or Print Full Name as it appears on current Certificate)

Date: _____
(Signature of Owner or Authorized Individual Requesting Change)

Change Business Address From: _____
Street Address City, State, Zip

Change Business Address To: _____
Street Address City, State, Zip

AND / OR

Change Mailing Address From: _____
Mailing Address, if different from above City, State, Zip

Change Mailing Address To: _____
Mailing Address, if different from above City, State, Zip

Mail to: Nancy Parent, Washoe County Clerk, Marriage & Business Division, P.O. Box 11130, Reno NV 89520
Include: Original and up to three (3) copies, and a self-address stamped envelope.
There is no fee for this service