

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 a
(Business Name)
sole proprietor, general partnership, limited partnership/liability corporation, association, or corporation in the Commonwealth
of Virginia on _____. Accordingly, I am returning license number _____.
(Date)

The undersigned certify that the foregoing statements 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 Name _____
- 2. Trade or "Fictitious" Name _____
- 3. Federal Employer Identification Number

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- 4. Street Address (PO Box not accepted) _____
City, State, Zip Code _____
- 5. Mailing Address _____
City, State, Zip Code _____
- 6. E-mail Address _____
- 7. Telephone & Facsimile Numbers () - () -
Telephone Facsimile
- 8. **Responsible Management** (the signature of the sole proprietor; any partner of a general partnership, managing partner of a limited partnership, officer/director of an association, manager/member of a limited liability company; or the president or vice-president of a corporation is required to process this termination form).
Name _____ Title _____
Signature _____ 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