



Georgia Department of Agriculture

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Commissioner

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COMPANY NAME CHANGE APPLICATION

Use this form to request a change in the name of the company.

Company License Number _____ Date _____

Present Company Name _____

REQUESTED NEW COMPANY NAME:

Submitted and Signed by _____

E-mail address: _____

Submit this form by mail, fax or e-mail (timothy.taylor@agr.georgia.gov)

Additional Remarks:
