



PBM Name and/or Address Change Form

This form may be attached to an email and sent to PBMDep@doi.sc.gov or faxed to (803)737-1605.

- ♦ It is only necessary to provide the information that is changing. If the field is not changing, it may be left blank.
- ♦ Business entities must provide a Certificate of Authority for verification of the name change or proof that the name has been changed in the resident state.

Agency Name Change

Previous Agency Name:	FEIN#	
New Agency Name:	Addition of DBA:	

Agency Address Change

Business Address Line 1:	Address Line 2:	
City:	State:	Zip:
Mailing Address Line 1:	Address Line 2:	
City:	State:	Zip:
Business Telephone:	Business Fax:	
Business Email:	Business Website:	

Print Name of Authorized Representative:	Signature:
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