
**Owner Request for New Designer Record**

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| Please fill out the following fields and return to interscope@doa.nc.gov, and CC ryan.scruggs@doa.nc.gov.*In the future you will be able to request a designer from the Designer Search screen.**Please enter as much information as possible in the fields below. Required fields \** |
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| **\* Firm Name** | Please Enter First Name |
| **\* Contact Name** | Please Enter Contact’s Name |
| **\* Email Address** | Please Enter E-mail Address |
| **\* Address Line 1** | Please Enter Address |
| **Address Line 2** | Please Enter Address 2 |
| **\* City** | Please Enter City |
| **\* State** | Please Enter State |
| **\* Zip** | Please Enter Zip Code |
| **\* County** | Please Enter County |
| **\* Voice #** | Please Enter Voice # |
| **Fax #** | Please Enter Fax # |
| **Website URL** | Please Enter Website URL if available or known |
| **Year Established** | Please Enter Year Established if available or known |
| **Former Name?** | Please Enter Former Name if applicable *(If Applicable)* |
| **Firm License #** | Please Enter License # |
| **\* Reason for Request** | Please Enter the reason for the request. Include project # if available. |

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*Note: This form should be filled out and submitted by the Owner, not the Design Firm.
We will contact you with any additional questions.*