State of Connecticut
Department of Banking
Consumer Credit Division
260 Constitution Plaza, Hartford, CT 06103

REQUEST FOR CHANGE OF ADDRESS FORM
Consumer Collection Agency

Instructions:

1. Please complete this form when requesting a change of address for a licensed location. **Please advise if the mailing address (if currently different from licensed location) will remain the same.**
2. Please return original license(s) with this form.
3. Please have the surety company issue a bond rider/endorsement to the surety bond to reflect the change of address and return with this form.
4. If the **mailing address only** is being changed, please complete the bottom portion of this form. (The license does not need to be returned and a rider is not necessary.)

Changes of address will not be processed until ALL the necessary forms are received in the Consumer Credit Division at the Connecticut Department of Banking. Any questions, please contact Jean Wright at 860-240-8209 via e-mail at jean.wright@ct.gov.

LICENSE NUMBER(s) _____

NAME OF LICENSEE _____
DBA NAME (if applicable) _____

CURRENT LOCATION:

Street Address _____
City/Town _____
State/ZipCode _____

PROPOSED LOCATION:

Street Address _____
City/Town _____
State/ZipCode _____
Supervisor in charge (if applicable) _____
Telephone Number (if applicable) _____
Effective date of move _____

MAILING ADDRESS ONLY CHANGE
Street Address _____
City/Town _____
State/ZipCode _____

Name of person completing this form_____**Date**_____
Telephone #_____ **E-mail Address**_____

4/08