



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



**REQUEST FOR CHANGE OF ADDRESS FORM**  
**Debt Adjuster**

**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 Nancy Wawruck at 860-240-8221 or via e-mail at nancy.wawruck@ct.gov.

**LICENSE NUMBER(s)**

---

**NAME OF LICENSEE**

---

**DBA NAME (if applicable)**

---

**CURRENT LOCATION:**

**Street Address**

---

**City/Town**

---

**State/Zip Code**

---

**PROPOSED LOCATION:**

**Street Address**

---

**City/Town**

---

**State/Zip Code**

---

**Supervisor in charge (if applicable)**

---

**Telephone Number (if applicable)**

---

**Effective date of move**

---

**MAILING ADDRESS ONLY CHANGE**

**Street Address**

---

**City/Town**

---

**State/Zip Code**

---

Name of person completing this form \_\_\_\_\_ Date \_\_\_\_\_  
 Telephone # \_\_\_\_\_ E-mail Address \_\_\_\_\_