



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



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

Instructions:

1. Please complete this form when requesting a change of name or adding a dba name to be used in Connecticut for a licensed location.
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 name and return with this form.
4. Please check our website for current licensee names. The name you choose cannot be too similar to an existing name.

Changes of name or adding a dba name 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) _____

CURRENT NAME OF LICENSEE _____

CURRENT DBA NAME (if applicable) _____

Street Address _____

City/Town _____

State/Zip Code _____

Telephone Number _____

PROPOSED NAME OF LICENSEE _____

PROPOSED D/B/A NAME (if applicable) _____

Street Address _____

City/Town _____

State/Zip Code _____

Name of person completing this form _____ **Date:** _____

Telephone # _____ **E-mail Address** _____