



Non-Mortgage Industry License Change Application (CHG)

This application must be complete and legible
(Check the applicable box(es) for the change(s) being requested)

Table with 5 columns: Address Change (check below), Name Change, Responsible Individual Change (Money Transmitter Only), Duplicate License, License Surrender. Rows include Primary Location, Corporation Location, Mailing Address, Officer Change, Primary Email Address Change, Active Manager Change, Branch Manager Change, Ownership Change, Encrypted Message Service Agreement Change.

1. Company Identifying Information:

A. Legal Name:

Legal Name:
Arizona Legal Name (as approved by the Arizona Corporation Commission or the Arizona Secretary of State):
Doing Business As (DBA)/Trade Name: Optional. As approved by the Arizona Secretary of State: License Type & Main License Number:

2. Address Change:

A. Licensed Location that is Changing its address:

Address Line 1: Branch License Number (if applicable):
Address Line 2:
City: State: Zip Code:

B. The above licensed location (2.A above) will be relocated to:

Address Line 1:
Address Line 2: This New Location is ZONED as (check one) Commercial Residential
City: State: Zip Code:
Telephone Number: Fax Number: Website:

3. Name and/or DBA Name Change:

A. Name and/or DBA Name Change:

New Exact Name: Date Name Will Change:
New Exact DBA / Trade name (if applicable): Date Name Will Change:

4. Ownership Change:

A. Direct Ownership Change:

A license is not transferable or assignable and control of a licensee may not be acquired through a stock purchase or any other device without the prior written consent of the Superintendent. List all individuals or entities owning 20% (15% for Money Transmitters) or more voting shares only.

Name: Percentage:
Name: Percentage:
Name: Percentage:

Use a separate sheet if necessary



# ARIZONA DEPARTMENT OF FINANCIAL INSTITUTIONS



### B. Indirect Owners:

If a parent company is listed in section 5A, then list the direct owner of the parent company and designate name of the company.

| Full Legal Name (Individuals: Last Name, First Name, Middle Name) | Direct Owner Company Name | Title or Status | % Ownership | Publicly Traded (symbol or n/a) |
|---|---------------------------|-----------------|-------------|---------------------------------|
|   |                           |                 |             |                                 |
|   |                           |                 |             |                                 |
|   |                           |                 |             |                                 |

### 5. Active Manager:

#### A. Active Manager:

Only pertains to Collection Agencies

|   |                           |
|---|---------------------------|
| Name & Title:                               | Effective Date of Change: |
| U.S. Citizen<br>YES                      NO |                           |

### 6. Responsible Individual:

#### A. Responsible Individual:

This Responsible Individual Change form only pertains to Money Transmitters

|               |                           |
|---------------|---------------------------|
| Name & Title: | Effective Date of Change: |
|---------------|---------------------------|

### 7. Officer Changes:

#### A. Officer Changes:

|       |                |                                      |        |                           |                |
|-------|----------------|--------------------------------------|--------|---------------------------|----------------|
| Name: | Officer Title: | Add (A) or Terminate (T) (Check One) | A<br>T | Effective Date of Change: | Email Address: |
| Name: | Officer Title: | Add (A) or Terminate (T) (Check One) | A<br>T | Effective Date of Change: | Email Address: |

Use a separate sheet if necessary

### 8. License Surrender:

#### A. License Surrender:

|  |                                  |                     |                   |      |
|--|----------------------------------|---------------------|-------------------|------|
| License Number Surrendering:             | Address of License Surrendering: | City:               | State:            | Zip: |
| License Number Surrendering:             | Address of License Surrendering: | City:               | State:            | Zip: |
| Address of where records will be stored: |                                  | City:               | State:            | Zip: |
| Name of contact:                         | Address of contact:              | Phone # of Contact: | Email of contact: |      |

Use a separate sheet if necessary



9. Duplicate License:

A. Duplicate License:

|                 |                      |       |        |      |
|-----------------|----------------------|-------|--------|------|
| License Number: | Address of Location: | City: | State: | Zip: |
|-----------------|----------------------|-------|--------|------|

Use a separate sheet if necessary

10. Branch Manager Change:

A. Branch Manager Change:

|                        |                      |
|------------------------|----------------------|
| Branch License Number: | Branch Manager Name: |
|------------------------|----------------------|

11. Primary Email Change:

Provide the new primary email and its effective date. This email address is used to send your license electronically, renewal reminders and any other important notifications that the department sends out relating to the license issued.

|                        |                 |
|------------------------|-----------------|
| Primary Email Address: | Effective Date: |
|------------------------|-----------------|

12. Authorized Individual:

I hereby certify that to the best of my knowledge, this application contains no misrepresentation or omissions of material facts. An Owner/Officer/Member/Authorized Person on file with our Department **MUST** sign this form.

|             |                |                                      |  |
|-------------|----------------|--------------------------------------|--|
| Print Name: | Print Title:   |                                      |  |
| Signature:  | Date:          | Direct Telephone Number & Extension: |  |
| Fax Number: | Email Address: |                                      |  |



Non-Mortgage Industry License Change Checklist

ENSURE THE LICENSE CHANGE APPLICATION HAS BEEN COMPLETED PRIOR TO SUBMITTING TO THE DEPARTMENT. SUBMITTING A PARTIAL PACKAGE MAY CAUSE A DELAY IN THE PROCESSING OF YOUR REQUEST.

Changes can not be made without all required items and applicable fees. Penalties may be assessed for not complying. Enclose all applicable license change fee(s). Please review the DFI Change Instructions for applicable fee(s).

[See Non-Mortgage License DFI-CHG-INSTRUCTIONS for specific fees](#)

Authorized Individual shall be an Owner/Officer/Member/Authorized Person on file with AzDFI

Sign All Documents Where Applicable

Print or Type All Information on All Documents

Answer All Questions on All Forms or Complete With "None" Or "NA"

Make Copies of the Completed Change Packet and any applicable documents for Your Records. For a list of applicable documents see the DFI Change Instructions page at the link below:

[See Non-Mortgage License DFI-CHG-INSTRUCTIONS](#)

**ALL FEES MUST BE PAID FOR BY CHECK. CHECKS MUST BE SENT TO:**  
**Arizona Dept. Financial Institutions**  
**attn: Licensing Division**  
**100 N. 15th Ave., Suite 261**  
**Phoenix, AZ 85007**

[AzDFI Encrypted Message Service Instructions](#)

# ARIZONA



## DEPARTMENT OF FINANCIAL INSTITUTIONS

### Background Check Instructions

Individual owners of 20% or more are required to complete a background check (15% or more for Money Transmitters ONLY). All cost associated with a background check are paid for directly by the applicant and must be completed prior to approval of any license type. Again, the applicant is responsible for paying and obtaining the results. Once the background information is gathered, please provide the results within your application submission. We kindly ask the background check is completed prior to submission otherwise the application will be incomplete and **will not** be processed. If you have any questions, please contact licensing at 602-771-2800, option 1.

Please select the "Instant Check" Option that reflects \$24.95

Please click [here](#) to start this process.

**My Advantage**  
Verify your background and **stand out** from the crowd

**Instant Check**

- Premium Check
- Single Searches
- Resume Check

Get Started Now with  
**Instant Check**  
**\$24.95**

**Package Includes:**

- Identity authentication
- Nationwide criminal search using the First Advantage® National Criminal File

**Start Now**

**Returning Users Login**

User ID

Password

[Forgot Password?](#)

**Sign In**

Have a billing, technical or general questions?

**Customer Support:**  
800.688.7792 +1.678.694.2082  
8:00 AM - 8:30 PM EST - Monday through Friday