



Arizona Department of Insurance & Financial Institutions

602-771-2800 | Financial Institutions | financialinst@difi.az.gov

Non-Mortgage Industry License Change Application (CHG)			
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 <input type="checkbox"/> Residential <input type="checkbox"/>	
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	

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 YES <input type="checkbox"/> NO <input type="checkbox"/>	

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 <input type="checkbox"/> T <input type="checkbox"/>	Effective Date of Change:	Email Address:
Name:	Officer Title:	Add (A) or Terminate (T) (Check One)	A <input type="checkbox"/> T <input type="checkbox"/>	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:
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Use a separate sheet if necessary

10. Branch Manager Change:

A. Branch Manager Change:

Branch License Number:	Branch Manager Name:
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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:
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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:	