



**Non-Mortgage Industry License Change Application (CHG)**  
*This application must be completed by typewriter or legibly printed.*  
**Check the applicable box(es) for the change(s) being requested**

<input type="checkbox"/> Address Change	<input type="checkbox"/> Name Change	<input type="checkbox"/> Authorized Delegate Change (Money Transmitter Only)	<input type="checkbox"/> Duplicate License	<input type="checkbox"/> Ownership Change
<input type="checkbox"/> Active Manager Change	<input type="checkbox"/> Officer Change	<input type="checkbox"/> Responsible Individual Change (Money Transmitter Only)	<input type="checkbox"/> License Surrender	<input type="checkbox"/> Branch Manager Change

**1. Company Identifying Information:**

**A. Legal Name:**

Legal Name:	Federal Tax ID Number:
-------------	------------------------

Arizona Legal Name (as approved by the Arizona Corporation Commission or the Arizona Secretary of State):

Doing Business As (DBA)/Trade Name: <b>Optional.</b> 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 (circle one) <b>Commercial      Residential</b>
-----------------	--

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 Changed or Will Change:
-----------------	-----------------------------------

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

**4. Authorized Delegate:**

**A. Authorized Delegate:**

Only pertains to Money Transmitters

Company Name:	AzDFI AD Number:	Email Address:
---------------	------------------	----------------

Company Name:	AzDFI AD Number:	Email Address:
---------------	------------------	----------------

Company Name:	AzDFI AD Number:	Email Address:
---------------	------------------	----------------

Use a separate sheet if necessary



5. 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 <b>voting</b> shares only.					
Name:	Title:			Percentage:	
Name:	Title:			Percentage:	
Name:	Title:			Percentage:	
Name:	Title:			Percentage:	
Name:	Title:			Percentage:	
Name:	Title:			Percentage:	
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)	Company's IRS Tax # or Employer ID
6. Active Manager:					
A. Active Manager:					
Only pertains to Collection Agencies					
Name & Title:					
Business Address:			City:	State:	Zip:
Direct Telephone Number & Extension:	Fax Number:	Email Address:		U.S. Citizen: YES      NO	
7. Responsible Individual:					
A. Responsible Individual:					
This Responsible Individual Change form only pertains to Money Transmitters					
Name & Title:					
Business Address:			City:	State:	Zip:
Direct Telephone Number & Extension:	Fax Number:	Email Address:			



8. Officer Changes:				
A. Officer Changes:				
Name:	Officer Title:	Business Telephone Number:	Effective Date of Change:	
Other Arizona interests:			Capacity:	
Name:	Officer Title:	Business Telephone Number:	Effective Date of Change:	
Other Arizona interests:			Capacity:	
Use a separate sheet if necessary				
9. 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:
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				
10. Duplicate License:				
A. Duplicate License:				
License Number:	Address of Location:	City:	State:	Zip:
License Number:	Address of Location:	City:	State:	Zip:
License Number:	Address of Location:	City:	State:	Zip:
11. Branch Manager Change:				
A. Branch Manager Change:				
Branch License Number:	Branch Manager Name:	Title:		
Telephone Number:	Fax Number:	Email:		
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 <b>MUST</b> 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. **See DFI-CHG-INSTRUCTIONS**  
**Changes can not be made without all required items and applicable fees. Penalties may be assessed for not complying.**
- Make Check(s) Payable To: Arizona Department of Financial Institutions or AZDFI
- Fingerprint Processing Fee Must Be On A Separate Check From All Other Fees.
- Include \$100 Fee for an Original Paper License Not Returned
- Authorization Individual shall be an Owner/Officer/Member/Authorized Person on file with AzDFI
- Sign and Notarize 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
- ENCLOSE ALL REQUIRED ITEMS TOGETHER IN ONE PACKAGE BEFORE MAILING  
**See DFI-CHG-INSTRUCTIONS**
- Mail To: Arizona Department of Financial Institutions  
Attention: Licensing Division  
2910 N 44<sup>th</sup> Street, Suite 310  
Phoenix, AZ 85018
- Any new officer/owner/Active Manager/Money Transmitter Branch Manager will need to submit a Universal Biographical Statement.  
If there is a new control person, we also need financials (personal financials on individuals).  
Each new individual will also have to submit a fingerprint card and fee.