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**STATE OF COLORADO
DEPARTMENT OF LAW**

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Consumer Protection Section
Consumer Credit Unit

NOTICE OF ADDRESS CHANGE FORM

Licensed collection agencies should use this form to report any changes to their business address or local Colorado office. Failure to notify the Administrator within 30 days of such address change shall result in the automatic expiration of the collection agency license [§ 5-16-122(1), C.R.S. & Rule 1.07, Rules of the Administrator].

Collection Agency's Legal Name:		Collection Agency's License Number(s):
Name of person to contact regarding this change:		Phone Number:
		Email Address:
This change applies to:		Effective Date of Change:
<input type="checkbox"/> Business Address Change applies to physical and mailing address <input type="checkbox"/> Change applies to physical address only <input type="checkbox"/> Local Colorado Office		
Old Address:		New Address:
Old Phone Number:		New Phone Number:
Old Fax Number:		New Fax Number:

Statements made herein are made under oath. False statements may be punishable as second-degree perjury.

Signature	Date
Printed Name	

Mail the Completed Form to:
Colorado Department of Law
Consumer Credit Unit
Ralph L. Carr Colorado Judicial Center
1300 Broadway, 6th Floor
Denver, CO 80203