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**STATE OF COLORADO**  
**DEPARTMENT OF LAW**

**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 Name:		Collection Agency License #:
Name of person to Contact regarding this change:	Phone Number:	Email Address:
This change applies to: <input type="checkbox"/> Business Address <input type="checkbox"/> Change applies to Physical and Mailing Addresses. <input type="checkbox"/> Change applies to physical address only. <input type="checkbox"/> Local Colorado Office		Effective Date of Change:
Old Address:		
New Address:		
Old Phone Number	New Phone Number:	

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

\_\_\_\_\_  
Signature \_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name