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1300 Broadway, 6th Floor  
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Phone (720) 508-6020

**Consumer Protection Section**  
**Consumer Credit Unit**

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

**NOTICE OF ADDRESS CHANGE**

Debt management providers should use this form to report any changes in the principal business address or mailing address. Pursuant to § 5-19-207, C.R.S., the Administrator must be notified within 15 days after a change in address. Important documents concerning license renewal, annual reports and legislative changes are sent only to your mailing address. Use the Branch Locations form to report new or closed branch locations.

Provider's legal name:	Provider's trade name(s):	Provider's registration #:
Name of person to contact regarding this change:	Phone number:	
This change applies to: Both physical location and mailing address Physical location only Mailing address only	Effective date of change:	
Old address:	New address:	
Old phone number:	New phone number:	
Old fax number (if applicable):	New fax number (if applicable):	

You must **mail** this completed form with an original surety bond rider and power of attorney reflecting address change (if proof of financial responsibility is a surety bond) **–AND–** the original registration or a signed affidavit stating the original has been misplaced to:

Colorado Department of Law  
Consumer Credit Unit  
1300 Broadway, 6<sup>th</sup> Floor  
Denver, CO 80203  
[dm@coag.gov](mailto:dm@coag.gov)