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Consumer Protection Section
Consumer Credit Unit

STATE OF COLORADO
DEPARTMENT OF LAW

COLORADO COLLECTION AGENCY LICENSE
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 #:	
Name of person to contact regarding this change:		Phone number:	Email:
This change applies to:		Effective date of change:	
<input type="checkbox"/> Both physical location and mailing address <input type="checkbox"/> Physical location only <input type="checkbox"/> Mailing address only <input type="checkbox"/> Local Colorado Office			
Old address:		New address:	
Old Phone Number:		New Phone Number:	
Old Fax Number:		New Fax Number:	
You must mail this completed form to: <div style="text-align: center;"> Colorado Department of Law Consumer Credit Unit 1300 Broadway, 6th Floor Denver, CO 80203 car@coag.gov </div>			

Corporations should include the signature of the President or other authorized official of the corporation. LLCs should include the signature of the managing member. Partners must sign individually or in accordance with the Partnership Agreement. Statements made herein are made under oath. False statement may be punishable as second-degree perjury.

Signature of owner, partner or officer

Date

Print name & title