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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: Business Address Change applies to physical and mailing address Change applies to physical address only Local Colorado Office	Effective Date of Change:	
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: Consumer Credit Unit Ralph L. Carr Colorado Judicial Center 1300 Broadway, 6th Floor Denver, CO 80203		