



REQUEST FOR CHANGE OF ADDRESS FORM
Sales Finance Company

Instructions:

1. Please complete this form when requesting a change of address for a licensed location. **Please advise if the mailing address (if currently different from licensed location) will remain the same.**
2. Please return original license(s) with this form.
3. If the **mailing address only** is being changed, please complete the bottom portion of this form. (The license does not need to be returned.)

Changes of address will not be processed until ALL the necessary forms are received in the Consumer Credit Division at the Connecticut Department of Banking. Any questions, please contact Nancy Wawruck at 860-240-8221 or via e-mail at nancy.wawruck@ct.gov.

LICENSE NUMBER(s) _____

NAME OF LICENSEE _____
DBA NAME (if applicable) _____

CURRENT LOCATION:

Street Address _____
City/Town _____
State/Zip Code _____

PROPOSED LOCATION:

Street Address _____
City/Town _____
State/Zip Code _____
Supervisor in charge (if applicable) _____
Telephone Number (if applicable) _____
Effective date of move _____

MAILING ADDRESS ONLY CHANGE

Street Address _____
City/Town _____
State/Zip Code _____

Name of person completing this form _____ Date _____
 Telephone # _____ E-mail Address _____