



MISSOURI SECURE AND FAIR ENFORCEMENT FOR MORTGAGE LICENSING ACT

APPLICATION FOR CHANGE OF NAME OR ADDRESS

APPLICATION & FEE REQUIREMENT

A licensee shall file this application form at least 10 days in advance of a proposed change. Each application shall be accompanied by a fee of \$50. In addition, you must submit a bond rider evidencing your new name and/or address. [Pursuant to 20 CSR 1140-30.250(3)]

MAILING INSTRUCTIONS

This form (signed by an authorized company representative), \$50 fee, and bond rider must be filed with: Division of Finance, 301 W High Street Room 630, P.O. Box 716, Jefferson City, Missouri 65102-0716. If utilizing a courier service please omit the P.O. Box and use zip code 65101.

PLEASE INDICATE THE PURPOSE OF THIS APPLICATION

Name Change Address Change

CURRENT INFORMATION:

LICENSEE NAME _____

LICENSE NUMBER _____

LICENSEE ADDRESS _____

CITY, STATE, ZIP _____

PHONE NUMBER _____

CONTACT PERSON _____ EMAIL _____

(continue to page 2 of application form)

PROPOSED CHANGE:

LICENSEE NAME _____

LICENSEE ADDRESS _____

CITY, STATE, ZIP _____

PHONE NUMBER _____

Company Representative: I, _____, declare under penalty of perjury that I am authorized to sign this notice on behalf of the licensee and that the information contained in this notice is true and correct.

Signature _____

Date _____