



MISSOURI SECURE AND FAIR ENFORCEMENT FOR MORTGAGE LICENSING ACT

Agency Specific Form

APPLICATION FOR CHANGE OF NAME

A licensee shall file this form at least 10 days in advance of a proposed change. In addition, you must submit an original bond rider (w/ accompanying power of attorney) evidencing your new name or update your Electronic Surety Bond. This form (signed by an authorized company representative) shall be submitted to: 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. If you are **deleting** a dba/other trade name please remit \$50 with this form.

LICENSEE NAME:	
NMLS NUMBER:	MISSOURI LICENSE NUMBER:

CONTACT PERSON:	
EMAIL:	TELEPHONE(w/ext):

PLEASE INDICATE TYPE OF PROPOSED CHANGE:			
Amend Legal Name <input type="checkbox"/>	Add DBA (other name) <input type="checkbox"/>	Delete DBA (other name) <input type="checkbox"/>	Other <input type="checkbox"/>

Description of Proposed Change:

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

Signature _____

Date _____