



MISSOURI SECURE AND FAIR ENFORCEMENT FOR MORTGAGE LICENSING ACT

Agency Specific Form

## APPLICATION FOR CHANGE OF ADDRESS

A licensee shall file this form at least 10 days in advance of a proposed change. This form (signed by an authorized company representative) shall be submitted to: Division of Finance,

LICENSEE NAME:	
NMLS NUMBER:	MISSOURI LICENSE NUMBER:

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

<b>CURRENT LICENSED ADDRESS AFFECTED BY PROPOSED CHANGE</b>
STREET:
CITY, STATE, ZIP:

<b>PROPOSED CHANGE</b>
STREET:
CITY, STATE, ZIP:
<b>Branch Telephone Number:</b> _____ Each location must have a local or toll-free phone number.
<b>Municipality Merchant/ Zoning Approval:</b> Please attach or upload a copy of any applicable local zoning approvals or merchant licenses required for the branch location.

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 \_\_\_\_\_