



## ADDRESS CHANGE FORM

A licensee who changes its place of business shall notify the Department in writing at least 15 days prior to making such change. Mail the original to the address listed below or you may fax a copy to the fax number listed below. If the officer manager has changed – you must complete the Owner/Officer/Branch Manager Change Form found on our website: [www.dobs.pa.gov](http://www.dobs.pa.gov). A Criminal History must be completed for all new officers, including office managers

If any of the following is not applicable please indicate N/A.

1. **COMPANY NAME:** \_\_\_\_\_  
**D/B/A (IF APPLICABLE):** \_\_\_\_\_  
**LICENSE NUMBER:** \_\_\_\_\_ **EFFECTIVE DATE OF CHANGE:** \_\_\_\_\_

2. **ADDRESS OF OLD OFFICE LOCATION**

**STREET ADDRESS:** \_\_\_\_\_  
**CITY, STATE AND ZIP CODE:** \_\_\_\_\_  
**OFFICE MANAGER:** \_\_\_\_\_

3. **ADDRESS OF NEW OFFICE LOCATION**

**STREET ADDRESS:** \_\_\_\_\_  
**CITY, STATE AND ZIP CODE:** \_\_\_\_\_  
**OFFICE MANAGER:** \_\_\_\_\_

**IF OFFICE MANAGER HAS CHANGED, PLEASE PRINT AND COMPLETE THE OWNER/OFFICER/BRANCH  
MANAGER CHANGE FORM**

**COUNTY:** \_\_\_\_\_  
**TELEPHONE NUMBER:** ( \_\_\_\_\_ ) **FAX NUMBER:** ( \_\_\_\_\_ )  
**EMAIL ADDRESS:** \_\_\_\_\_  
**WEBSITE ADDRESS:** \_\_\_\_\_

**PRINCIPLE OFFICE ONLY:**

**WILL ALL CORRESPONDENCE BE SENT TO THE NEW ADDRESS?** \_\_\_ Yes \_\_\_ No

IF NO, PLEASE CONFIRM ADDRESS(ES) FOR ALL CONTACTS.



## CONTACT CHANGE FORM

### CONTACT INFORMATION:

#### PRIMARY COMPANY CONTACT:

NAME & TITLE: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY, STATE, AND ZIP CODE: \_\_\_\_\_

TELEPHONE NUMBER (\_\_\_\_\_) \_\_\_\_\_ FAX NUMBER: (\_\_\_\_\_) \_\_\_\_\_

CELL PHONE NUMBER: (\_\_\_\_\_) \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

#### PRIMARY COMPLAINT CONTACT:

NAME & TITLE: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY, STATE, AND ZIP CODE: \_\_\_\_\_

TELEPHONE NUMBER (\_\_\_\_\_) \_\_\_\_\_ FAX NUMBER: (\_\_\_\_\_) \_\_\_\_\_

CELL PHONE NUMBER: (\_\_\_\_\_) \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

#### BILLING CONTACT:

NAME & TITLE: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY, STATE, AND ZIP CODE: \_\_\_\_\_

TELEPHONE NUMBER (\_\_\_\_\_) \_\_\_\_\_ FAX NUMBER: (\_\_\_\_\_) \_\_\_\_\_

CELL PHONE NUMBER: (\_\_\_\_\_) \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_