



STATE OF ALABAMA STATE BANKING DEPARTMENT



Instructions for Completing Notification of Change in Licensed Address, Change of Correspondence Address, or Notice of Closure of a Licensed Location

- You may complete this form by typing in the information and printing it from the online location or print the form and then type the information. **NO HANDWRITTEN FORMS WILL BE ACCEPTED.**
- Always complete the License Information, Effective Date of Change, and Authorization for Change sections.
- Two notifications are served by this form, Notification of an Address Change and Notification of Closure of a Licensed Location. Only fill out the section that applies. Do not fill out the Notification of Closure section if you are only changing the address of the licensed location.
- If you have more than one license that needs to be amended then use a separate form for each license. Each form should correspond to a different license number and should contain the required attachments for each location.
- **The cost of amending each licensed location address is \$25.00. This fee only applies if you are changing the address of the licensed location. There is no charge for changing the correspondence address, record maintenance address, or for the notification of closure of a licensed location.**
- **You only have to mail in the original license if you are changing the license location or closing a licensed location.**
- Failure to complete this form correctly could affect the amount of time needed to process your request.



STATE BANKING DEPARTMENT OF ALABAMA

NOTIFICATION OF CHANGE IN LICENSED ADDRESS, CHANGE OF CORRESPONDENCE ADDRESS, OR NOTICE OF CLOSURE OF A LICENSED LOCATION

PLEASE COMPLETE ONLINE AND PRINT FORM OR TYPE

License Information

Company Name:	d/b/a:
License No.:	(found on license, should start with a MC,SL,MB,PS or DP)
License Type:	Consumer Credit/MiniCode (ACCA) Small Loan (ASLA) Pawnshop (APA) Deferred Presentment (ADPSA) Mortgage Broker (AMBLA)

Notification of Change of Licensed Address and/or Correspondence Address (There is a \$25.00 Fee for changing the licensed location address and you must attach your original license.)

Current Address On License

Address on the license:			
City:	State:	Zip:	County:
Phone #:		Fax #:	
E-mail:		Website:	

New Address

Address:			
City:	State:	Zip:	County:
Phone #:		Fax #:	
E-mail:		Website:	

Correspondence Address/ Mailing Address

Address:			
City:	State:	Zip:	County:

Examination Address/ Records will be maintained at

Address:			
City:	State:	Zip:	County:
Phone #:		Fax #:	

Notification of Closure of a Licensed Location (You must attach your original license)

Address of Licensed Location Closing

Address on the license:			
City:	State:	Zip:	County:
License No.:	(found on license, should start with a M,S,B,P or D)		

Records will be Maintained at

Name:		Address:	
City:	State:	Zip:	County:
Phone #:		Fax #:	

Contact Person:

Effective Date of Change in Address or Closure

Date:

Authorization for Change or Notice Above

Type Name:

I affirm that I am authorized to provide the information noted above in my official capacity for the company.

Signature:	Position:	Date:
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Please mail form and any attachments to :

For Departmental Use:

State Banking Department Attn: Bureau of Loans P. O. Box 4600 Montgomery, AL 36103-4600	Date Received: _____ Changed in Database: _____ Amended License: _____ Fee Received: \$ _____ Check # _____ Change Approved (initials) _____
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