STATE BANKING DEPARTMENT OF ALABAMA

NOTIFICATION OF CLOSURE OF A LICENSED LOCATION

PLEASE TYPE THIS FORM

License Information

Company Name:		d/b/a:	
License No.:	(found on license, should start with a MC or MB)		
License Type: ☐ Mini-Code (ACCA) ☐ Mortgage Broker (AMBLA)			

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 MC or MB)		

Records will be Maintained at:

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

Effective Date of Closure

Date:

Authorization for 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:

Please mail form and any attachments to :	
US Mail	**Overnight Mail**
State Banking Department Attn: Bureau of Loans P. O. Box 4600 Montgomery, AL 36103-4600	State Banking Department Attn: Bureau of Loans 401 Adams Avenue Suite 680 Montgomery, AL 36104

For Departmental Use:

Date Received: _____
Cancelled in Database: _____
Approved (initials) _____