

**STATE OF WISCONSIN**  
**Department of Financial Institutions**

Telephone: (608) 261-7578  
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Division of Banking

**Mailing Address:**  
 PO Box 7876  
 Madison, WI 53707-7876  
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 North Tower  
 4822 Madison Yards Way  
 Madison, WI 53705



www.wdfi.org

**ADDRESS CHANGE NOTIFICATION**

**Purpose:** This form must be completed and submitted to the Department of Financial Institutions – Division of Banking (“division”) when a licensed location is scheduled to relocate. Pursuant to s. DFI-Bkg 74.03(1), Admin. Code, licensed collection agencies must submit this form at least 30 days prior to the date of the relocation. It is recommended that all other licensees submit notification of a relocation 30 days in advance.

This form may be used by the following types of licensees: adjustment service companies, collection agencies, sales finance companies, sellers of checks, community currency exchanges, insurance premium finance companies, and loan companies.

**Note:**

- If licensee obtained its Wisconsin license through the Nationwide Multistate Licensing System (NMLS), address changes must be completed on the NMLS. DO NOT use this form.
- If the relocating office holds a payday lender license, fill out a Payday Lender License Relocation Application instead of this form to amend that specific license. The form can be found on the Department of Financial Institutions’ website at <http://wdfi.org/fi/lfs/forms.htm#pdl>.

**Public Information:** This form is a public record and is available to the public upon request.

**Print or type the information requested in the spaces provided.**

1. Name of licensee.

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2. Proposed Date of Relocation:

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3. Current address of the location that will be relocating.

Street Address:		P.O. Box
City:	State:	Zip:

4. New address of the location that will be relocating.

Street Address:		P.O. Box
City:	State:	Zip:
Telephone Number:		

5. Will the licensee be sharing space with any other entities at the new location?      Yes       No

If yes, identify each entity and describe the activities that the other entity will engage in.

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6. Identify each type of license that the relocating office holds.

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|---|--|--|
| <input type="checkbox"/> Adjustment Service Company | <input type="checkbox"/> Collection Agency           | <input type="checkbox"/> Sales Finance Company             |
| <input type="checkbox"/> Seller of Checks           | <input type="checkbox"/> Community Currency Exchange | <input type="checkbox"/> Insurance Premium Finance Company |
| <input type="checkbox"/> Payday Lender              | <input type="checkbox"/> Loan Company                |  |

7. Provide the contact information for the person to whom questions regarding this form may be directed.

First Name:	Last Name:	Title:
Telephone Number:	E-mail Address:	

8. **ATTACHMENTS:** Please read the description of each of the following items to determine which items you need to submit with this form.

- A) **Original License Certificate (if applicable)** – The licensee’s original license certificate must be submitted with this form. The division will replace it with a new license that identifies the new address. If you are unable to locate your license certificate, please so indicate.
- B) **Fees** – Submit the fee(s) noted in the chart below only if both of the following conditions apply to the office that is relocating:
  - the office has an adjustment service company or loan company license and
  - the office is moving to a new city, village or town.

DO NOT submit any fees if the office that is relocating does not hold either of the license types noted in the chart.

DO NOT submit any fees if the office will remain in the same city, village or town it is currently located in.

Checks must be made payable to the *Wisconsin Department of Financial Institutions*.

License Type	Relocation Fee (only needed if relocating to a different city, village or town)
Adjustment Service Company	\$200
Loan Company	\$500

- C) **Updated List of Contact People** (if applicable) – If the licensee’s headquarters office is the office that is relocating and if any of the individuals the licensee previously identified as licensing, examination, or complaint contact people will be changing, provide the name, title, address, telephone number and email address for each new contact person.
- D) **Amended Crime Insurance Policy** (community currency exchange licensees only) – Submit documentation from your insurance company that verifies that your commercial crime insurance policy will provide coverage to the new office.

This document can be made available in alternate formats upon request to qualifying individuals with disabilities.