

STATE OF WISCONSIN
Department of Financial Institutions

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dfi.wi.gov

Division of Banking

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

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: collection agencies, community currency exchanges, insurance premium finance companies, and loan companies.

Note: If licensee obtained its Wisconsin license through the Nationwide Multistate Licensing System & Registry (NMLS), address changes must be completed on the NMLS. DO NOT use this form.

Public Information: This form is a public record and is available to the public upon request. Personally identifiable information may be shared with other State or Government Agencies. Failure to complete this form completely and accurately may result in denial or revocation of the license, and any other penalties as provided by law. This document can be made available in alternate formats upon request to qualifying individuals with disabilities.

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.

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|-----------------|--------|----------|
| 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

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No

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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** | |

*These license types must update their address on NMLS.

**Loan companies must update their address on NMLS if they maintain their Wisconsin license on NMLS.

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** – 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. Please indicate if you are unable to locate your license certificate.
- B) **Fees** (loan company licensees only) – Submit a \$500 relocation fee if the office is moving to a different city, village or town. The fee is not required if the office will remain in the same city, village or town. Checks must be made payable to the *Wisconsin Department of Financial Institutions*.
- 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.