pennsylvania
DEPARTMENT OF BANKING
AND SECURITIES

NAME CHANGE FORM

A licensee who changes its business name shall notify the Department in writing at least **15 days prior** to making such change. Please fax the completed Name Change Form to (717) 787-8773 or email to ra-asklicensing@pa.gov

If the company structure has changed, a new application must be completed

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

1. **OLD COMPANY NAME:** _____

   D/B/A (IF APPLICABLE): _____

   LICENSE NUMBER: _____

2. **NEW COMPANY NAME:** _____

   NEW D/B/A (IF APPLICABLE): _____

   EFFECTIVE DATE OF CHANGE: _____

   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: _____

- Attach Articles of Incorporation, if a foreign corporation, Foreign Registration Statement to do business in Pennsylvania and, if applicable, a copy of the fictitious name registration.

- Attach a copy of the Operating Agreement, By-Laws, etc., evidence of registry with the Pennsylvania Department of State, if required [if not required, state reason below] and, if applicable, a copy of the fictitious name registration. Please provide legal opinion if claiming exemption.