



**STATE OF ARIZONA**  
**DEPARTMENT OF HOUSING**  
1110 WEST WASHINGTON, SUITE 280  
PHOENIX, ARIZONA 85007  
(602) 771-1000 (602) 771-1002 FAX

**CHANGE OF EMPLOYING DEALER**

Name of Salesperson \_\_\_\_\_

Salesperson's License Number \_\_\_\_\_

Name of New Employing Dealer \_\_\_\_\_

License Number of New Employing Dealer \_\_\_\_\_

Effective Date of Change to New Dealer \_\_\_\_\_

\_\_\_\_\_  
**Salesperson's Signature**

\_\_\_\_\_  
**Signature of Qualifying Party of New  
Employing Dealer**

**THIS FORM MUST BE SUBMITTED WITH THE \$10.00 ADMINISTRATIVE FUNCTION FEE.  
MAKE CHECK PAYABLE TO THE OFFICE OF MANUFACTURED HOUSING.**

**MAIL COMPLETED FORM AND CHECK TO:**

**DEPARTMENT OF HOUSING  
P.O. BOX 6280  
PHOENIX, AZ 85005-6280**