



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 ARIZONA DEPARTMENT OF HOUSING.**

MAIL COMPLETED FORM AND CHECK TO:

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