



DEPARTMENT OF FIRE, BUILDING AND LIFE SAFETY

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OFFICE OF ADMINISTRATION * OFFICE OF MANUFACTURED HOUSING * OFFICE OF STATE FIRE MARSHAL

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.