



**Change in Office Information Form (\$50 Fee)**

Date \_\_\_\_\_

I. **Office Name Change**: Requires a DCCA Change Form submitted to HIS.

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II. **Office Address Change**: Requires a DCCA Change Form submitted to HIS.

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III. **Principal Broker/Broker-In-Charge Change**: Requires a DCCA Change Form submitted to HIS.

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IV. **Office Information Changes** (Does Not require DCCA Change Form)

Office Phone: \_\_\_\_\_

Office Fax: \_\_\_\_\_

Office E-Mail: \_\_\_\_\_

Office URL: \_\_\_\_\_

Broker or BIC's signature: \_\_\_\_\_  
(Required for processing) Subscriber ID#

**Please FAX this form to HIS at 888-628-3121 or 536-6499**