

**Arkansas State Board of Collection Agencies**  
**900 West Capitol Avenue, Suite 400**  
**Little Rock, Arkansas 72201-9707**  
**501-371-1434 Phone Number**  
**501-372-5383 Fax Number**  
**Rhonda.Hetland@arkansas.gov**

**AGENCY NAME CHANGE REQUEST FORM**

**SECTION 1: COLLECTION AGENCY INFORMATION – PHYSICAL ADDRESS ONLY:**

License Number: \_\_\_\_\_

Former Agency Name: \_\_\_\_\_

Former DBA Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax #: \_\_\_\_\_

**SECTION 2: NEW COLLECTION AGENCY NAMES:**

***A new bond rider that reflects the new agency names will be required for Sections 2A and 2B ONLY.***

(A) Agency Name: \_\_\_\_\_

(B) Doing Business as Name: \_\_\_\_\_

(C) Parent Company Name: \_\_\_\_\_

(D) Name to Appear on License: \_\_\_\_\_

Once our office has processed the name change, a new license will be mailed to your agency.