



New Jersey Office of the Attorney General

Division of Consumer Affairs
Office of Consumer Protection
Regulated Business Section

124 Halsey Street, 7th Floor, P.O. Box 45028, Newark, NJ 07101



Public Movers and Warehousemen Address Change Form

Information that you provide on this application may be subject to public disclosure as required by the Open Public Records Act (OPRA).

Instructions: Please print clearly. Complete all of the items below (one through six). Return the completed form to the mailing address listed above.

1. License Number:		Date:
2. Name of Individual Completing this Form:		Title:
3. Business name as it appears on the Public Movers and Warehousemen License:		
Telephone Number (include area code):	E-mail Address:	

NEW ADDRESS

4. New Business Address (Must be a street address):	City:	State:	ZIP Code:
5. Mailing Address if different from above.	City:	State:	ZIP Code:
6. Effective Date of Address Change:			

OLD ADDRESS

7. Old Business Address:	City:	State:	ZIP Code:
8. If you are a warehouseman, have your storage customers been notified of the change? <input type="checkbox"/> Yes <input type="checkbox"/> No			

FOR OFFICIAL USE ONLY

Date Revised:	Initial:	Date:
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