

# FORM L-LOC



## BRANCH LOCATIONS

LICENSING

602-364-4457 | [insurancelicensing@difi.az.gov](mailto:insurancelicensing@difi.az.gov)

*This form is for use only by rental car agents and self-service storage agents.*

ARS §§ 20-331(B) and ARS § 20-332(B) require rental car agents and self-service storage agents to notify the Department of Insurance and Financial Institutions of each location where business will be transacted under the license at **LEAST 30 DAYS BEFORE CONDUCTING BUSINESS AT EACH LOCATION.** Use *this form* to ADD or DELETE locations.

LICENSEE'S NAME	AZ INSURANCELICENSENO.
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PHYSICAL STREET ADDRESS	CITY	STATE	ZIP CODE	<input type="checkbox"/> ADD <input type="checkbox"/> DELETE
BRANCH NAME			BRANCH NO.	

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BRANCH NAME			BRANCH NO.	

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PHYSICAL STREET ADDRESS	CITY	STATE	ZIP CODE	<input type="checkbox"/> ADD <input type="checkbox"/> DELETE
BRANCH NAME			BRANCH NAME	

PRINT OR TYPE NAME OF SIGNER _____	TITLE _____
SIGNATURE OF A PRINCIPAL OF THE APPLICANT _____	DATE _____