



Kansas Department of Agriculture
 Accounts Receivable and Licensing
 1320 Research Park Dr.
 Manhattan, KS 66502
 Phone: 785-564-6700
 Fax: 785-564-7490

GOVERNMENT AGENCY REPORT OF CHANGE FORM

A: GOVERNMENT AGENCY NAME: Provide the current AND complete name for the Government Agency, for which you will be reporting changes:

GOVERNMENT AGENCY ADDRESS: _____

CITY _____ STATE _____ ZIP _____

- B. GOVERNMENT AGENCY NUMBER: _____
- C. AUTHORIZATION FOR CHANGES: **(Signature is required)**

SIGNATURE: _____ DATE _____

PRINTED NAME OF SIGNER: _____ TITLE _____

1. CHANGE OF CONTACT PERSON AND / OR ADDRESS

<u>DATE OF BIRTH</u>	<u>HIRE DATE</u>	<u>TERM DATE</u>	<u>CONTACT PERSON</u>	<u>SSN</u>	<u>ADDRESS</u>

2. NEW OR TERMINATED UNCERTIFIED APPLICATORS

<u>DATE OF BIRTH</u>	<u>HIRE DATE</u>	<u>TERM DATE</u>	<u>UNCERTIFIED APPLICATOR'S NAME</u>	<u>SSN</u>	<u>ADDRESS</u>

3. NEW OR TERMINATED CERTIFIED APPLICATOES

<u>DATE OF BIRTH</u>	<u>HIRE DATE</u>	<u>TERM DATE</u>	<u>CONTACT PERSON</u>	<u>SSN</u>	<u>ADDRESS</u>

RETURN THIS COMPLETED FORM TO: **KANSAS DEPARTMENT OF AGRICULTURE**
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 Manhattan, KS 66502