



Arizona Department of Public Safety
Noncriminal Justice Agency Information Change Form

Date	Agency Name	Agency ORI/OCA ("XX" identifier)		
Change ASC (To designate this person as the Applicant Team contact as well, mark this box. <input type="checkbox"/>) If changing ASC Contact Info only, Mark this box. <input type="checkbox"/>)	<i>Previous ASC Name</i>			
	New ASC Information			
	Title		Name	
	New ASC Contact Information			
	Phone	Fax	Email	
Change CEO	<i>Previous CEO Name</i>			
	New CEO Information			
	Title		Name	
	Phone	Fax	Email	
Change Address Type: Physical <input type="checkbox"/> Mailing <input type="checkbox"/> Both <input type="checkbox"/>	Address Line 1			
	Address Line 2			
	City		State	Zip
Change Agency Name Previous Name:			Change Agency Main Phone New phone number:	
New Name:				
Additional Comments/Information: (If you wish to designate a secondary ASC, please use this box.)				Leave Blank – AIU use only
Name and Title of Person Submitting Form (Please Print Legibly):				

Send completed form to:

Arizona Department of Public Safety Access Integrity Unit - MD 1190 ATTN: Noncriminal Justice Compliance P.O. Box 6638 Phoenix, AZ 85005-6638	OR	Fax: (602) 223-2926 ATTN: AIU Noncriminal Justice Compliance Email: NCJA@azdps.gov
---	-----------	--