



# INSTRUCTIONS FOR COMPLETING THE EMPLOYER CHANGE REQUEST

## Requirements for completing the form:

1. All information in **Part I** must be completed.
2. Complete **Part II** if there is a change in the business ownership or termination of business.
3. Complete **Part III** if there is a change in the mailing address.
4. **Part IV** must be signed for any change to be made.

NOTE: If there are distribution points assigned for the business, complete a separate form for each distribution point account number to be changed.

## Instructions for completing this form:

### PART I—EMPLOYER INFORMATION

1. Owner, partners, or corporate name—the entity (owner) name.
2. Account number—The Colorado unemployment insurance (UI) account number is required.
3. Trade name—The name the business is “doing business as.”
4. Street address, city, state, and ZIP code—The current mailing address of the business that is on record for Colorado UI purposes.

### PART II—CHANGE OF OWNERSHIP/TERMINATION OF BUSINESS OR EMPLOYMENT

1. The date the business was sold or closed.
2. The date the last wages were paid to any employees by the employer in **Part I**.
3. Indicate if business in **Part I** was designated as a seasonal employer by UI Employer Services.
4. Check the reason  
NOTE: If a change in the interest of a partnership is less than 50 percent, there will not be an entity change, only a name change (see **Part III**).
5. Complete for the sale of all or any part of the business, transfer of employees to an employee leasing/management company, incorporation, or merger.
  - Be sure to include the name and address of the new employer.
  - If this is a partial sale of the business, list how many employees were transferred to the new employer.
6. Form UITR-14, Application for Partial Transfer of Experience, must be filed within sixty (60) days after the notice of employer liability is mailed to the successor employer. A partial transfer of experience will be made if the criteria for a segregable unit as defined by the Colorado Employment Security Act 8-76-104 (5)(g) is met.

### PART III—CHANGE OF NAME OR ADDRESS ONLY

NOTE: To make any address change, all information must be completed in **Part I**.

1. Mark the appropriate box or boxes to change the mailing address for UI information and/or UI benefits information. The address change cannot be made without this information.
2. New, partner(s), or corporate name change—If a partnership, print the names of all partners of the business, not just the changes. If a corporate name change, be sure to include a copy of the Certificate of Amendment from the Secretary of State.
3. Complete if there is a change, addition, or deletion of trade name.
4. Address—Include the complete mailing address for the business, not just the change.

### PART IV—CERTIFICATION OF CHANGE

1. Signature—The signature of the person requesting the change to the UI account.
2. Title—The title of the person requesting the change to the account (e.g., owner, corporate secretary, or employer representative).
3. Phone—The phone number to call if any additional information is required.
4. Date—The date the form is completed.