

ADD/REMOVE SELF-SERVICE STORAGE LOCATION FORM

- RETURN COMPLETED FORM TO RA-INSPECIALTYMAIL@PA.GOV
- ATTACH ADDITIONAL PAGES IF NECESSARY
- ADDITIONAL LOCATIONS OR THOSE THAT CEASE TO DO BUSINESS IN THIS COMMONWEALTH MUST BE PROVIDED TO THE DEPARTMENT WITHIN 30 DAYS AFTER COMMENCING OR CEASING BUSINESS

LICENSEE NAME _____**LICENSE NUMBER OR NATIONAL PRODUCER NUMBER (NPN)** _____**EMAIL ADDRESS AND PHONE NUMBER** _____**SIGNATURE** _____ **DATE** _____**LOCATION(S) TO BE ADDED**

Street Address		
City	State	Zip Code

Street Address		
City	State	Zip Code

LOCATION(S) TO BE REMOVED

Street Address		
City	State	Zip Code

Street Address		
City	State	Zip Code