



# REQUEST FOR ADDRESS OR NAME CHANGE

*Agent Licensing & Education*



<i>Agents must report in writing a change in name or address within 30 days of occurrence</i> <i>Agencies must report in writing a change in name or address within 10 days of occurrence</i>			
<b>NPN#/ License #</b>	<b>Last Name</b>	<b>Jr./Sr. etc.</b>	<b>First Name</b>
	<b>Middle Name</b>		
<b>FEIN#/License #</b>	<b>Business Name</b>		
NEW Resident Address/Phone Number			
<i>*NA for Business address change</i>			
<b>Resident/Home Address (Physical Street)</b>		<b>P.O. Box</b>	
<b>City</b>		<b>State</b>	<b>Zip</b>
<b>Home Phone Number</b>	<b>Business Phone Number</b>	<b>Fax Number</b>	<b>E-Mail Address</b>
NEW Business Address			
<b>Business Name</b>			
<b>Street</b>		<b>P.O. Box</b>	
<b>City</b>		<b>State</b>	<b>Zip</b>
NEW Mailing Address			
<b>Business Name (if applicable)</b>			
<b>Street</b>		<b>P.O. Box</b>	
<b>City</b>		<b>State</b>	<b>Zip</b>
NEW Name/Individual or Agency (Include Documentation)			
<b>Last Name/Agency Name</b>	<b>Jr./Sr. etc.</b>	<b>First Name</b>	<b>Middle Name</b>
OLD Name			
<b>Last Name/Agency Name</b>	<b>Jr./Sr. etc.</b>	<b>First Name</b>	<b>Middle Name</b>
Signature			
<b>Agent Signature:</b> _____		<b>Date:</b> _____	

This form may be submitted via mail, fax 304-558-4966 or electronically attached as a pdf document and emailed to [agent.licensing@wvinsurance.gov](mailto:agent.licensing@wvinsurance.gov).