



**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>				
NPN#/ License #	Last Name	Jr./Sr. etc.	First Name	Middle Name
FEIN#/License #	Business Name			
NEW Resident Address/Phone Number <small>*NA for Business address change</small>				
Resident/Home Address (Physical Street)			P.O. Box	
City			State	Zip
Home Phone Number	Business Phone Number	Fax Number		E-Mail Address
NEW Business Address				
Business Name				
Street			P.O. Box	
City			State	Zip
NEW Mailing Address				
Business Name (if applicable)				
Street			P.O. Box	
City			State	Zip
NEW Name/Individual or Agency (Include Documentation)				
Last Name/Agency Name	Jr./Sr. etc.	First Name	Middle Name	
OLD Name				
Last Name/Agency Name	Jr./Sr. etc.	First Name	Middle Name	
Signature				
Agent Signature: _____			Date: _____	

This form may be submitted via mail, fax 304-558-4966 or electronically attached as a pdf document and emailed to
OICagentlicensing@wv.gov