



# 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			
<b>NEW Resident Address/Phone Number</b> <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	
<b>NEW Business Address</b>				
Business Name				
Street			P.O. Box	
City		State		Zip
<b>NEW Mailing Address</b>				
Business Name (if applicable)				
Street			P.O. Box	
City		State		Zip
<b>NEW Name/Individual or Agency (Include Documentation)</b>				
Last Name/Agency Name	Jr./Sr. etc.	First Name	Middle Name	
<b>OLD Name</b>				
Last Name/Agency Name	Jr./Sr. etc.	First Name	Middle Name	
<b>Signature</b>				
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](mailto:OICagentlicensing@wv.gov)