



TEXAS DEPARTMENT OF INSURANCE

FIN533 | 0817

Financial Regulation Division - Agent and Adjuster Licensing Office (107-1A)
333 Guadalupe, Austin, Texas 78701 * PO Box 149104, Austin, Texas 78714-9104
(512) 676-6500 | F: (512) 490-1029 | (866) 554-4926 | TDI.texas.gov | @TexasTDI

LICENSEE NAME OR ADDRESS CHANGE REQUEST FORM

THIS FORM IS TO BE USED TO CHANGE THE FOLLOWING:

- Your mailing, resident, or business address, **ONLY** if the address change includes a change from one state to another state (Ex: TX to NM or KS to OK).
- Your individual licensee's name registered with the department.

NOTE: Individual licensees who wish to submit an address change within the same state (Ex: TX to TX or KS to KS), should submit the request online. (For details and instructions, please see our [Agent and Adjuster Licensing Notices](http://www.tdi.texas.gov/licensing/agent/notices.html) page, <http://www.tdi.texas.gov/licensing/agent/notices.html>. Agency entities requesting a name change must submit the **LDTL form (TDI Form FIN528)**. Licensees are required to notify TDI within 30 days of an address change (**TIC §4001.252**)

THIS FORM MUST BE FILLED OUT COMPLETELY; DO NOT LEAVE ANY BLANKS.

TDI LICENSE NUMBER: _____

PROVIDE NUMBER EXACTLY AS IT APPEARS ON LICENSE OR RENEWAL APPLICATION

NAME OF AGENT OR AGENCY: _____

PROVIDE NAME EXACTLY AS IT APPEARS ON LICENSE

NAME CHANGE: _____

NOTE: FOR INDIVIDUALS ONLY-- (Name Change) Supporting official court documentation (e.g. marriage certificate, divorce decree, or other official court document) is required to be submitted with this form.

ADDRESSES - The **Mailing Address** and **Resident Address** must be the current addresses of the applicant for direct contact. The use of a P.O. BOX that is for the applicant or licensee will be accepted for the **Mailing Address**.

NOTE: Any change of address resulting in a move **from Texas** to another state, or **from a nonresident state** to another requires that a **Letter of Certification** from the licensee's new state of residence be submitted with this form for consideration.

NOTE: An individual moving **to Texas** (residency change) must submit the [Application for Residency Change to Texas](#) (TDI Form FIN594), and adhere to the instructions provided in TDI Form FIN594.

MAILING ADDRESS: (This is the official address for all notifications from the department including renewal notices, service of process, and other correspondence.)

STREET, PHYSICAL LOCATION, ROUTE OR P.O. BOX NUMBER

CITY

STATE

ZIP CODE

RESIDENT ADDRESS: (INDIVIDUALS ONLY - This is the address where you live)

STREET, PHYSICAL LOCATION (P.O. BOX IS NOT ALLOWED)

CITY

STATE

ZIP CODE

BUSINESS ADDRESS: (This address is the physical location of an agent's or agency's office)

STREET, PHYSICAL LOCATION, OR ROUTE (P.O. BOX IS NOT ALLOWED)

CITY

STATE

ZIP CODE

DAYTIME PHONE NUMBER: _____

E-MAIL ADDRESS: _____

SIGNATURE: _____

MUST BE SIGNED BY AGENT- IF FOR AN AGENCY, AN OFFICER OR PARTNER MUST SIGN

DATE SIGNED

PRINT NAME: _____

NOTICE ABOUT CERTAIN INFORMATION LAWS AND PRACTICES

With few exceptions, you are entitled to be informed about the information that the Texas Department of Insurance (TDI) collects about you. Under sections 552.021 and 552.023 of the Texas Government Code, you have a right to review or receive copies of information about yourself, including private information. However, TDI may withhold information for reasons other than to protect your right to privacy. Under section 559.004 of the Texas Government Code, you are entitled to request that TDI correct information that TDI has about you that is incorrect. For more information about the procedure and costs for obtaining information from TDI or about the procedure for correcting information kept by TDI, please contact the Agency Counsel Section of TDI's General Counsel Division at (512) 676-6551 or visit the Corrections Procedure section of TDI's website at www.tdi.texas.gov.

**This notice is provided only for informational purposes.
PLEASE DO NOT RETURN THIS PAGE (Page 2) TO TDI.**

COMPLETED FORM MAY BE MAILED, E-MAILED, OR FAXED TO:

Texas Department of Insurance - P.O. Box 149104, MC 107-1A, Austin, Texas 78714-9104
LICENSE@tdi.texas.gov OR FAX: (512) 490-1029