



PO Box 149104 | Austin, TX 78714 | 1-800-578-4677 | tdi.texas.gov

Agent / adjuster name or address change request form

You must fill out and send us this document within 30 days of a change to your name or address.

An agent / adjuster moving to Texas will need to fill out form FIN594.

TDI license number _____

Name as listed on your license

 First name Middle name Last name Suffix

► Fill out this section if you changed your name:

New legal name

 First name Middle name Last name Suffix

Attach a copy of an official document showing that your name changed. For example, send a copy of a marriage certificate or divorce decree.

► Fill out all parts of this section if your address changed:

Phone numbers

Personal (_____) _____ Business (_____) _____

Email addresses

Personal _____ Business _____

Business address

Street address _____

City _____ State _____ ZIP _____

Mailing address

Street address or PO Box _____

City _____ State _____ ZIP _____

A PO Box will be accepted only for a mailing address.

Resident address

Street address _____

City _____ State _____ ZIP _____

📎 Attach a copy of a Letter of Certification from your resident state.

► Sign here:

The answers I gave on this form are true and correct:

Licensee signature_____
Date_____
Print name**► Contact us if you have questions:**You can: (1) email License@tdi.texas.gov, or (2) call 512-676-6500.**► Know your rights:****You have the right to see and get facts we have about you:** You must ask us in writing. You might need to pay to get a copy of this information. You can send your letter or email one of these ways:Email: OpenRecords@tdi.texas.gov

Fax: 512-490-1021

In person: 333 Guadalupe, Austin, Texas 78701

Mail: Texas Department of Insurance
Public Information Coordinator PO
Box 149104 (Mail code 112-1C)
Austin, Texas 78714-9104**You have the right to ask that we fix information we have about you that is wrong:** You must ask us in writing. The letter or email must have: (1) your name and mailing address, (2) your phone number, (3) details about what needs to be fixed, and (4) the reason or proof showing why the information is wrong. You can send your letter or email one of these ways:Email: RecordCorrections@tdi.texas.gov

Fax: 512-490-1025

In person: 333 Guadalupe, Austin, Texas 78701

Mail: Texas Department of Insurance
Record Correction Request
PO Box 149104 (Mail code 113-1C)
Austin, Texas 78714-9104