

## Agency Address Change Request Form

You must complete and submit this form within 30 days of an official change to an agency's address. For an agency name change, use form [FIN528](#). This form must be completed and signed by an officer or partner on record and sent to [NameAddressChange@datastreamllc.com](mailto:NameAddressChange@datastreamllc.com).

Name of agency \_\_\_\_\_

TDI license number \_\_\_\_\_ Current resident state \_\_\_\_\_

### ► Fill out all parts of this section if your address or phone number changed

#### Mailing address

Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

📎 Attach a copy of a Letter of Certification if you are changing your resident state to a state other than Texas.

#### Business address

Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

#### Phone number

Business \_\_\_\_\_

#### Contact person

Name \_\_\_\_\_ Email \_\_\_\_\_

### ► Sign here

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

Print name \_\_\_\_\_

Office or partner signature \_\_\_\_\_ Date \_\_\_\_\_

### ► Contact us if you have questions

You can email us at [License@tdi.texas.gov](mailto:License@tdi.texas.gov) or call 512-676-6500.

**Your rights:** You can request information we have about you by emailing [OpenRecords@tdi.texas.gov](mailto:OpenRecords@tdi.texas.gov) or writing to: Public Information Coordinator, Texas Department of Insurance, PO Box 12030 (mail code GC-ORO) Austin, Texas 78711-2030. You also have the right to ask that we fix information we have about you that is wrong. To ask for a correction, send (1) your name, mailing address, and your phone number, (2) details about what needs to be fixed, and (3) the reason or proof showing why the information is wrong. Send this by email to [RecordCorrections@tdi.texas.gov](mailto:RecordCorrections@tdi.texas.gov) or by mail to: Record Correction Request, MC-CO-AAL-CC, Texas Department of Insurance, PO Box 12030, Austin, Texas 78711-2030.