

## Individual Agent / Adjuster name or address change request

You must fill out and send us this form within 30 days of a change to your name or address. Send it to [nameaddresschange@datastreamllc.com](mailto:nameaddresschange@datastreamllc.com) with any required documents.

### Important notes:

- If you've moved from Texas to another state, you must get a resident license in your new state before we can change your Texas resident license to a nonresident license. Contact the department of insurance in your new state before submitting this form.
- If you're a licensed agent or adjuster in another state who has moved to Texas, you must fill out form [FIN594 - Application for Residency Change of Texas](#).

### ► License information

TDI license number \_\_\_\_\_

Full name as it appears on your license \_\_\_\_\_

### ► Fill out this section if you changed your name

New legal name \_\_\_\_\_

📎 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 (A PO Box will be accepted only for a mailing address)

Street address or PO Box \_\_\_\_\_

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

#### Resident address

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

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

► **Signature**

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

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Print name

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Signature

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Date

► **Submit this form**

Send this completed form with any required documents to [nameaddresschange@datastreamllc.com](mailto:nameaddresschange@datastreamllc.com).

► **Questions?**

You can email [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, P.O. 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, Texas Department of Insurance, P.O. Box 12030 (mail code CO-AAL-CC), Austin, Texas 78711-2030.