



# INDIVIDUAL LICENSEE NAME OR ADDRESS CHANGE REQUEST FORM

**This form is to be used to change**

- The mailing, resident, or business address for individuals changing from one state to another state (i.e. TX to NM or KS to OK) **ONLY. DO NOT USE THIS FORM IF YOU ARE CHANGING YOUR ADDRESS WITHIN THE SAME STATE (i.e. TX to TX or KS to KS). SAME STATE CHANGES MUST BE COMPLETED ONLINE THROUGH EITHER OF THESE WEBSITES: [NIPR Contact Change Request](#) OR [Producer Edge Account](#)**
- Individual licensee’s name registered with the department.

**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:** \_\_\_\_\_  
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. A P.O. BOX will only be accepted for the **Mailing Address**.

**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:** (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 office)

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

\_\_\_\_\_  
CITY STATE ZIP CODE

**BUSINESS PHONE NUMBER:** \_\_\_\_\_ **E-MAIL ADDRESS:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE SIGNED** \_\_\_\_\_  
MUST BE SIGNED BY AGENT

**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](http://www.tdi.texas.gov).*

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

**COMPLETED FORM MAY BE MAILED OR E-MAILED TO:**

**Texas Department of Insurance** - P.O. Box 149104, MC 107-1A, Austin, Texas 78714-9104

[LICENSE@tdi.texas.gov](mailto:LICENSE@tdi.texas.gov)