

# INDIVIDUAL NAME CHANGE FORM

**Instructions:**

Please fill in all fields (even if there is no change from what we currently have on file.) Submit completed form by fax to 208-334-4398 or email to [agent@doi.idaho.gov](mailto:agent@doi.idaho.gov).

All questions and concerns regarding licensing should be directed to Producer Licensing at 208-334-4250 or via email at [agent@doi.idaho.gov](mailto:agent@doi.idaho.gov).

**Personal Information:**

Date: \_\_\_\_\_ License Number: \_\_\_\_\_ NPN: \_\_\_\_\_

Name on Record: \_\_\_\_\_

New Name: \_\_\_\_\_

- Appropriate documentation is attached (i.e. Marriage Certificate, Divorce Decree (showing the court ordered name change) Driver's License or Passport, Social Security Card, or Legal Order.)**

Residential Address: \_\_\_\_\_

Must be a physical address.  
No PO Box allowed

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Address: \_\_\_\_\_ Business Name: \_\_\_\_\_

Must be a physical address.  
No PO Box allowed

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

- Same as Residential
- Same as Business  
PO Box allowed

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Signature:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_