

State of Idaho
DEPARTMENT OF INSURANCE

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NAME CHANGE, INDIVIDUAL LICENSEE

Open this form in Adobe Acrobat if you would like to use the digital signature and submit button.

This form is intended for Individuals who need to change the name on their license.
This form is not meant for Business Entities or to add a DBA to a license.

Instructions:

1. Open this form in Adobe Acrobat to use the digital signature and submit button.
2. Fill in all of the fields.
3. Click on SUBMIT below when complete.
4. Attach the legal document showing the name change to the e-mail. Examples of acceptable documents: Marriage Certificate, Divorce Decree (showing the court ordered name change) Driver's License, Passport, or Legal Order. **DO NOT SEND YOUR SOCIAL SECURITY CARD**

Personal Information:

Date: _____ License Number or NPN: _____

Name on Record: _____

New Name: _____

Failure to attach appropriate supporting documents or incompletely filling out this form will result in the name change being rejected.

Signature: _____ **Date:** _____

If the submit button isn't working you can email this form and the supporting document to: agent@doi.idaho.gov

SUBMIT

Don't forget to attach your documentation to the e-mail