	HANGE YOUR NAME he in your home state prior to changing in in Idaho
Step 1. Go to hthttps://nipr.co	om/licensing-center/change-contact-info
	.com/licensing-center/change-contact-info
Step 2. Click "Go	to the Online Application".
	NG CENTER PRODUCTS & SERVICES ABOUT NIPR HELP Q
Home > Licensing Center >	
	e Contact Information formation changes - physical addresses, emails,
phone, or fax informat	ion via NIPR's Contact Change Request tool.
Already Familiar with the State's Requirements? Select the button below to be forwarded directly to the initial, renewal, line of author	ity addition, or contact change request application.
	information on an Individual or Business license.
Identify Licensee	
Sign in as an individual	Business Entity
Step 4. Enter the identifying information, clic Individual License	k "I accept the NIPR Use Agreement", then click "Next". Business Entity License
Identify Licensee	Identify Licensee
Individual	Business Entity
Search Type O License Number O National Producer Number (NPN)	Search Type O License Number O National Producer Number (NPN)
 Social Security Number (SSN) Select one identifier above 	 Federal Employer Identification Number (FEIN) Select one identifier above
I accept the NIPR Use Agreement	I accept the NIPR Use Agreement
← Back Next →	← Back Next →
Step	5. Click "Start".
User Menu	
🕝 Start 🖛	⊠ Message Center
Continue an existing application (2 available)	NIPR Mobile - All of your insurance licensing information at your fingertips. The NIPR mobile app lets insurance professionals licensed by a
Step 6. Select "Demog	raphic Update" then click "Next".
Select Product	
Product Type 💿 Produc	er Licensing
	er Licensing
Other I	Licensing t Change Request (Change Address, Phone, or Email)
	raphic Update
 License 	
	etail Report
← Back	Next 🔸

	Step	7. Enter your information and click "Next".	
Demogra	aphic Update-Name C	ange	
Attn Applicants: At this time not all states accept name changes electronically. States not accepting electronic changes are listed at the bottom of your screen. To request a name in those states please review that state's FAQs for the name change process. You may direct any additional			
questions related to name changes directly to the state.			
	First Name:	JACE	
Middle Name: Optional		RUSSELL	
	Last Name:	RYALS	
	Suffix: Optional		
	Licensed State(s): 🛱 CT	ID IN <	
Unavailable Licenses			
	Your licenses in these states are either Inactive, Expired or cannot be edited due to state rules. For questions, call the state directly. If your license is expired and you would like to renew or reinstate see the state specific requirements.		
		Expired Inactive Not Accepting Electronic Changes	
	O GA O AL	O AR O AZ O CA O CO O DC O DE O FL O HI	
← Ba	ck	Edits will not be saved until submitted. Click "Next" to continue. Next 🔶	
		CHANGE THE NAME IN VOLID HOME STATE THEN SUBMIT THE DECLIEST AGAIN	
IF YOU GET THIS MESSAGE YOU NEED TO CHANGE THE NAME IN YOUR HOME STATE, THEN SUBMIT THE REQUEST AGAIN. Some Licenses Can't Be Modified			
ID Submitted Non-Residence Name			
		Change must match Residence Name for resident/home state license.	
		Please verify that your resident state	
		has been updated.	
		Continue without above Modifications	
		Go Back and Modify	
Step 8. Click the correct option and press "Next".			
Authorized Submitter			
I am submitting for ● Myself ○ Someone else			
	101		
	← Back	Next →	
Step 9. Read the attestation, click "I accept" and click "Next".			
Attestation			
Read carefully and Accept to continue.			
1. I hereby certify that, under penalty of perjury, all of the information and attachments submitted in this request are true and complete.			
	2. I am aware that s	bmitting false information or omitting pertinent or material information in connection with this request is grounds for	
license revocation and may subject me to civil or criminal penalties. 3. Where required by law, I hereby designate the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each			
jurisdiction for which this request is made to be my agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner, Director or Superintendent of insurance, or other appropriate party of that jurisdiction is of the same legal force and validity as personal service upon myself.			
4. I further certify that I grant permission to the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisplicition for which this request is made to verify information with any federal, state or local government agency, current or former employer,			
or insurance company. 5. I authorize the jurisdictions to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other			
organization and release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.			
6. I acknowledge that I understand and will comply with the insurance laws and regulations of the jurisdictions in which I am licensed.			
		□ I accept	
	← Back	Next >	
Step 1	Step 10. Enter the e-mail you want the confirmation sent to and click "Next".		
Verification Contact			
Your receipt and any additional information about this transaction will be sent to the following email addresses.			
Email Required			
Email Optional			
Email Optional Optional			
upporter uppor			
	+ Back	Next 🔸	



Step 13. Upload your supporting documents to the Attachment Warehouse the same day. Note: Idaho process name changes the day after they are submitted. If the document warehouse is not letting you upload the documents you will need to contact NIPR at (855) 674-6477

Individual Name Change Documents

One of the following documents that show the name change must be uploaded to the Attachment Warehouse

- Marriage Certificate,
- Divorce Decree
- Other Legal Order of Name Change.
- Driver's License,
- Passport

DO NOT UPLOAD YOUR SOCIAL SECURITY CARD

Business Entity Name Change Documents

ALL of the following documents are REQUIRED to be uploaded to the Attachment Warehouse

- Approved name change filing with the Idaho Secretary of State
- Approved name change filing with the domiciles Secretary of State (non-residents only)
- Home State license showing the name change (non-residents only).

If you have questions please contact the Department at agent@doi.ldaho.gov