

INDIVIDUAL NAME CHANGE FORM

Instructions:

- Fill in **all** fields, even if there is no change from what is currently on file.
- Click on SUBMIT below when complete or email the form to agent@doi.idaho.gov
- Be sure to attach the legal document showing the name change to the e-mail.

All questions and concerns regarding licensing should be directed to Producer Licensing at agent@doi.idaho.gov.

Personal Information:

Date: _____ License Number or 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, Passport, or Legal Order.) **DO NOT SEND YOUR SOCIAL SECURITY CARD**

Residential Address: _____
Must be a physical address.
No PO Box allowed
City: _____ State: _____ Zip: _____

Business Address: _____
Must be a physical address.
No PO Box allowed
Business Name: _____
City: _____ State: _____ Zip: _____

Mailing Address: _____
 Same as Residential
 Same as Business
PO Box allowed
City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____

Email Address: _____

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

Signature: _____ **Date:** _____

SUBMIT

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