

INDIVIDUAL NAME CHANGE FORM

Instructions:

Please fill in all fields (even if there is no change from what we currently have on file.) Click on SUBMIT below when complete or email the form to agent@doi.idaho.gov

All questions and concerns regarding licensing should be directed to Producer Licensing at 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, Passport, 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: _____ Date: _____

SUBMIT

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