



**Licensing Section**

**Arizona Department of Insurance**

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**FORM L-CHG: LICENSE INFORMATION CHANGE**

**NOTE:** Individuals (resident or non-resident) updating address, phone or e-mail information should, **INSTEAD**, use the NIPR Address Change Request (<http://nipr.com/>).

Print the <b>full name of the licensee</b> <u>currently shown on the license</u>	Arizona Insurance License Number
If licensee is a business entity, print the full name of the individual requesting the change	
<b>SIGNATURE</b> of licensee or, for a business entity, the individual requesting the change	Date

**NAME CHANGE:** Below, complete [A] for a licensed business entity or [B] for a licensed individual. An Arizona-resident individual must include a copy of an updated government-issued photo identification card. An Arizona-resident business entity must provide evidence that the name was legally changed with the Arizona Corporation Commission or similar entity. A non-resident must ensure the resident state has already processed the name change prior to submitting this form.

<b>[A] BUSINESS</b> ▶	New Name (if license holder is a business entity; otherwise, leave blank)			
<b>[B] INDIVIDUAL</b> ▶	Last Name	First Name	Middle Name	Jr./Sr./III/etc.

**ADDRESS CHANGE:** Enter **NEW** address information below

<b>BUSINESS ADDRESS</b>	Business Name (if applicable)			
	Physical Street Address	City	State	ZIP Code
<b>MAILING ADDRESS</b>	Business Name (if applicable)			
	Street Address or P O Box	City	State	ZIP Code
<b>HOME ADDRESS (if individual)</b>	Physical Street Address	City	State	ZIP Code
<b>E-MAIL (optional)</b>	E-mail Address (optional)			

**PHONE NUMBER CHANGE:** Enter **NEW** telephone number information below

Business Telephone Number	Home Telephone Number	Fax Number
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**DESIGNATED PRODUCER (DRLP) CHANGE:** If adding a DRLP, the new DRLP must sign this form acknowledging the DRLP designation and accepting responsibility for the business-entity licensee's compliance with Arizona laws per ARS § 20-285(C)(3).

Add	Delete	AZ License #	Last Name	First Name	Signature of DRLP (only if adding)
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				