**Individual Address Change Form**

**Notification of change in contact information:** In accordance with 24-A M.R.S. § 1419, it is the obligation of the licensee to notify the superintendent of changes in contact information within 30 days. Failure to do so may result in the imposition of a penalty. No fee is required to change an address.

**Individual Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| NPN | Maine License # |

**Business Address**

**Note**: Business addresses are displayed on our licensee search.

|  |  |  |
| --- | --- | --- |
| Business Name | | |
| Street Address or P.O. Box | | Business Phone Number |
| City | State | Zip Code |
| Email Address | | |

**Residence Address**

|  |  |  |
| --- | --- | --- |
| Street Address | | Residence Phone Number |
| City | State | Zip Code |
| Email Address | | |

**Designated Mailing Address**

⎕ Use Business Address   
⎕ Use Residence Address

⎕ Use the designated mailing address below:

|  |  |  |
| --- | --- | --- |
| Street Address or P.O. Box | | |
| City | State | Zip Code |

**Name** (Person Completing this form): ­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone #**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Forms can be emailed to [insurance.pfr@maine.gov](mailto:insurance.pfr@maine.gov), faxed to 207-624-8599 or mailed to the address below.

If you prefer to submit electronically, please visit our website at [Individuals - Address Changes | PFR Insurance (maine.gov)](https://www.maine.gov/pfr/insurance/licensees/individuals-business-entities/individuals-address-changes)

If you have any questions, please contact the Bureau of Insurance at (207) 624-8475

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