**Continuing Education Provider Address Change Form**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Maine Provider # | Public Phone # & Extension | | Fax # | | | FEIN # |
| Provider Name | | | | | | |
| Contact Person | | | | | Contact Person Phone # | |
| Mailing Address Street or PO Box | | | | | | |
| City | | State | | Zip Code include 4 digit extension | | |
| E-mail Address | | | | | | |

**Note:** **Please use this form or format for any changes in your address or contact information in the future.**

This form can be faxed (207) 624-8599 or e-mailed to: [dawn.kilgore@maine.gov](mailto:dawn.kilgore@maine.gov) or mailed:

**Maine Bureau of Insurance**

**34 State House Station**

**Augusta ME 04333-0034**

If you have any questions, please call: 207-624-8411.

Revised 4-2022