STATE OF MAINE
DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION
BUREAU OF INSURANCE

Individual Name Change Form

No fee is required to change a name; however, there is a $10 fee if requesting a hard copy license with the new name to be mailed.

☐ **Individual Name Change –** *complete section 1* ☐ **Address Change –** *complete section 2*

☐ **Requesting a duplicate license in the new name –** *complete section 1 and 2, as applicable, and include payment.* Please allow three weeks for a license to arrive by mail.

Section 1. Individual Name Change

NPN (National Producer Number)	Maine License #
Old Name	New Name

Section 2. Individual Address Change

Business Address (No PO Box) **Note**: Business addresses may be displayed on our public licensee search

Business Name		
Street Address		Business Phone Number
City	State	Zip Code
Email Address		

Residence Address (No PO Box)

Street Address		Residence Phone Number
City	State	Zip Code
Email Address		

Mailing Address (PO Box Allowed)

☐ 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 with credit card payments can be emailed to insurance.pfr@maine.gov or mailed to the address below. Checks should be made payable to Treasurer State of Maine and mailed with the form to the address below.

If you prefer to submit electronically, please visit www.nipr.com.

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

Rev 06/25

Office Location: 76 Northern Avenue, Gardiner, Maine 04345
Mailing Address: 34 State House Station, Augusta, Maine 04333
www.maine.gov/pfr/insurance/home
Phone: (207) 624-8475 TTY: Please Call Maine Relay 711 Consumer Assistance: 1-800-300-5000 Fax: (207) 624-8599

AUTHORIZATION OF CREDIT CARD PAYMENT

Fees owed to this Department may be paid by the use of a credit card. If you wish to pay your fee(s) with your credit card, please complete this form and send it with your paperwork. Payment through credit cards will not be processed without this authorization form. Please print or type clearly.

The mailing address listed below MUST be the billing address of the credit card account. If not, the transaction will decline.

Name (company/individual for whom payment is being made) (Please Include License # and SSN/FEIN):

Purpose of Payment:

Name of Cardholder:	**Contact persons phone #, if questions with this form. Telephone #: ( ) -**	
Email Address:		
Billing Address:		
City:	**State:**	**Zip Code:**

I authorize the State of Maine, Department of Professional and Financial Regulation, Bureau of Insurance to charge my:

[ ] Visa [ ] MasterCard [ ] Discover [ ] American Express

_____ **Expiration date**: ____/____ **in the amount of: $**_____
(Card number – Please print clearly)

Signature: _____ **Date**: _____/_____/_____
(must be signed by authorized person to validate)

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