

**State of Maine   
Bureau of Insurance**

**Individual Name Change Form**

No fee is required to change a name; however, there is a $10 fee to have a new license issued in your new name.

**⎕ 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.

* By Check: Make all checks payable to: Treasurer State of Maine
* Credit card: please complete credit card authorization form available on our website at:

http://www.maine.gov/pfr/insurance/creditcard.pdf

**Section 1. Individual Name Change**

|  |  |  |
| --- | --- | --- |
| Social Security Number | NPN | Maine License # |
| Old Name | | New Name |

**Section 2. Individual Address Change**

**Business Address Note**: Business addresses may be displayed on our public licensee search.

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

**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 #**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Once completed, you may fax the form to: (207) 624-8599 or E-mail to: [insurance.pfr@maine.gov](mailto:insurance.pfr@maine.gov)

**Questions? Contact us at:**

Phone: (207) 624-8475 E-mail us at: Insurance.pfr@maine.gov