

## State of Maine -Bureau of Insurance -Individual Name Change Form -

No fe	e is required to cha	nge a name	; however, the	re is a \$	10 fee to hav	e a new license issued in your new name.	
│ │	dividual Name Ch	ange – com	plete section 1	П	Address Cha	nnge – complete section 2	
_	ent. Please allow th By Check: Make a	ree weeks all checks p se complete	for a license to payable to: Tre e credit card au	arrive easurer uthoriza	by mail. State of Main ation form ava	ion 1 and 2, as applicable, and include e ailable on our website at:	
Section	on 1. Individual N	ame Chai	1ge -				
			NPN		Maine License #		
Old Name				New Name			
old Ival					New Name		
Section	on 2. Individual A	ddress Cl	<u>ıange</u> -				
	ss Address		Note:	Busine	ss addresses m	ay be displayed on our public licensee search.	
Busines	ss wante						
Street Address or P.O. Box						City	
State	tate Zip Code					E-mail Address	
Business Phone Number					Fax Number		
Reside	nce Address						
Street Address						Residence Phone Number	
City State				State		Zip Code	
Email A	ddress						
Use Use Use	ated Mailing Address Business Address Residence Address the designated mailing Address or P.O. Box	_	elow:				
			T =				
City			State		Zip Code		
Name	(Person Completing this fo	orm):			Phone #:		
		_	Questi	ons? Co	ontact us at:	-mail to: insurance.pfr@maine.gov	
	Phone: (	207) 624-8	3475	E-1	mail us at:	Insurance.pfr@maine.gov	