

**State of Maine   
Bureau of Insurance**

**Resident Change Form**

**To Transfer from a Resident Producer to a Nonresident Producer**

This application is for Maine resident producers only who are relocating to a new state and wish to remain licensed in Maine but as a nonresident. No fee is required**.**

Note:  Once your license is changed to a nonresident license, **you will need to obtain an active *resident* license in another state within 60 days**. A Termination Order will be issued if we are unable to verify (via the National Insurance Producer Registry) an active resident license in another state within 60 days.

**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. Please complete the form in its entirety; **no changes will be made to an address unless the applicable section is completed.**

For Bureau Use Only

LIC#:

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

|  |  |  |
| --- | --- | --- |
| SSN or NPN | Date of Birth | Current Maine License # |

**Business Address**

**Note**: Business addresses are displayed on our 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 #**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

You may fax the form to: (207) 624-8599 or email to: insurance.pfr@maine.gov