



**ADDRESS CHANGE FORM**

In order to change your address(es), it will be necessary for you to furnish or complete, date and sign the form below and return it for processing. In order for us to issue a new license indicating the new address, it will be necessary for you to return your current license with this form for amendment.

Name \_\_\_\_\_

License \_\_\_\_\_

No.(s) \_\_\_\_\_

Non-Residents: Identify \*Home State: \_\_\_\_\_

**NOTE - if Home State has changed, the National Producer Database must reflect this change within 30 days or you will not be in compliance with the New York State Insurance Law.**

**\*Home State means the state or territory in which the licensee maintains his, her or its principal place of residence OR principal place of business and is licensed to act as an insurance producer.**

**Current Business Address\***  
(Include Street)

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
**Telephone No.**  
**Email Address**

**Current Residence Address**  
(Include Street)

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
**Telephone No.**  
**Email Address**

**Current Mailing Address**  
(Indicate if Same as Residence or Business)

C/O \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ALWAYS INCLUDE C/O, APT. NO., ROOM NO., ETC., IN ADDRESS, WHEN NECESSARY**  
**IF A P.O. BOX IS INDICATED IN BUSINESS OR RESIDENCE ADDRESS, A STREET ADDRESS MUST BE INCLUDED**

**\*If you do not have a business address please indicate on this form in order to avoid delays in requesting additional information.**

Date \_\_\_\_\_

\_\_\_\_\_  
**Signature of licensee, A sublicensee must sign if a Corporation, Partnership or LLC.**

**Licensing Bureau**  
**(518)474-6630**