

VIRGINIA SERVICE REQUEST FORM

Visit <http://scc.virginia.gov/boi/online.aspx> to submit address changes online.

Email completed form to: bureauofinsurance@scc.virginia.gov or fax to 804-371-9290.

_____ Name of Individual or Agency	_____ VA License No.
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1. CHANGE OF NAME

A copy of the marriage certificate, divorce decree (if the decree states the change from married name to maiden name), or court order is required.

_____ Name as currently in our records (Last, First, Middle)	_____ New Name to appear in our records (Last, First, Middle)
_____ Agency Name as currently in our records	_____ Agency Name to appear in our records

2. CORRECT OR CHANGE AGENT SSN OR AGENCY FEIN TO: _____
 Agents provide 2 forms of ID (1 picture) with new ID#. Agency provide documentation from IRS.

3. NOTIFICATION OR CHANGE OF TRADE NAME(S)

4. LETTER OF CLEARANCE (Provide new residence address.)

I have moved from Virginia to the state of _____. Please cancel all my existing Virginia resident insurance licenses and send me a Letter of Clearance.

NEW RESIDENCE ADDRESS

Street Address Required

 P.O. Box (If Applicable)

_____ City	_____ State	_____ Zip
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 Phone Number

_____ Signature of Licensee or Officer/Principal of Agency	_____ Date
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