

VIRGINIA SERVICE REQUEST FORM

Submit your address change via NIPR at www.nipr.com/ACR/SignIn or Sircon at www.sircon.com/virginia.

TO: BUREAU OF INSURANCE FAX NO.: 804-371-9290
 AGENTS LICENSING SECTION
 P.O. BOX 1157
 RICHMOND, VA 23218

 Name of Individual or Agency

 Agent or Agency VA License No.

NOTE: THE LICENSEE MUST SIGN THIS FORM WHERE SHOWN

1. **CHANGE OF NAME**

A copy of the marriage certificate, divorce decree, 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.

Pursuant to Virginia Code § 38.2-1869 H of the Code of Virginia, if a resident agent moves his residence to another state between July of every even-numbered year and September 1 of the following odd-numbered year and has not provided proof of CE compliance for the biennium prior to his license termination, such agent shall not be permitted to apply for a new license of the same type until he has either satisfied the 90-day termination period or paid a \$1,000 administrative penalty.

<http://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+38.2-1869>

Name of Individual or Agency

Agent or Agency VA License No.

<u>NEW ADDRESS</u>		
_____ Street Address Required		
_____ P.O. Box (If Applicable)		
_____ City	_____ State	_____ Zip
_____ Phone Number		

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