

VIRGINIA SERVICE REQUEST FORM

Visit Sircon's website at www.sircon.com/virginia to change an address, or request certification letters.

**TO: BUREAU OF INSURANCE
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)

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.

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

Agent or Agency VA License No. _____

5. **Change of Address** (For nonresident agents only who are moving from one state to another. Do **not** use this form if you are moving within your residence state. All other address changes should be updated online. See first page of this form.)

<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