

COMMONWEALTH OF KENTUCKY  
 DEPARTMENT OF INSURANCE  
 Division of Licensing  
 P. O. Box 517, Frankfort, KY 40602, 502-564-6004  
<https://insurance.ky.gov>  
 E-mail – DOI.LicensingMail@ky.gov

**RECORD CORRECTION FORM**

**PLEASE CHECK ALL THAT APPLY:**

- Updating contact information*
- Moving from Kentucky to another state but NOT CHANGING Kentucky principal place of business*
- Moving from Kentucky to another state and REQUESTING Kentucky Nonresident License*
- Moving from another state to Kentucky but NOT CHANGING other state as principal place of business*
- Moving from another state to Kentucky and WILL APPLY FOR Kentucky resident license (NOTE: Active, Individual licensees must provide a Kentucky background report and a completed paper application to change license to a Resident status. Link for paper application: <https://insurance.ky.gov/Documents/8301IndAppForm071514.pdf>. Individuals and business entities new to Kentucky must apply electronically through [www.nipr.com](http://www.nipr.com).)*

Full Name: \_\_\_\_\_ KY DOI# or NPN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

SSN or FEIN Correction \_\_\_\_\_ Date of Birth Correction \_\_\_\_\_

( ) **New Home Address:** \_\_\_\_\_ Phone: \_\_\_\_\_  
 City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

( ) **New Business Address:** \_\_\_\_\_ Phone: \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

( ) **New Mailing Address:** \_\_\_\_\_ Phone: \_\_\_\_\_  
 City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

( ) e-mail address \_\_\_\_\_ **(Signature required below)**

**CHANGE OF NAME – requires one of the attachments below:**

**NAME** as it appears on our records: \_\_\_\_\_ KY DOI# or NPN: \_\_\_\_\_

**NEW NAME:** \_\_\_\_\_

**DBA NAME: Add:** \_\_\_\_\_ **Delete:** \_\_\_\_\_

Attachments for verification may include:

- *Copy of marriage certificate*
- *Copy of driver's license*
- *Copy of official court document*
- *Copy of Secretary of State filing*
- *Copy of articles of organization*

*I understand, and hereby attest under penalty of perjury, that all the above information is true and correct. I am aware that submitting false information is grounds for license revocation, and may subject me to civil or criminal penalties.*

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**