

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

**CONTACT CHANGE REQUEST**

**PLEASE CHECK ONE:**

*Correcting an error*

**RESIDENT**

- Moving from one location in Kentucky to another location in Kentucky*
- 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*

**NON-RESIDENT**

- Moving from one location to another but not changing states*
- Moving from a state (other than Kentucky) to another state (other than Kentucky)*
- 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*

Full Name: \_\_\_\_\_ KY DOI# or NPN: \_\_\_\_\_

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 -**

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

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

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

*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**