



ARIZONA INSURANCE LICENSING SECTION
 2910 NORTH 44TH STREET, SUITE 210
 PHOENIX, ARIZONA 85018-7269
www.azinsurance.gov

LICENSE INFORMATION CHANGE (Form L-CHG)

NOTE: Individuals (resident or non-resident) needing to update address, phone and e-mail information should use the NIPR Address Change Request (www.nipr.com) or the Insurance Professional License Update System (iplus.azinsurance.gov) instead of submitting this form.

Full Name of Licensee AS SHOWN ON YOUR ARIZONA INSURANCE LICENSE:	Arizona Insurance License Number
If licensee is a business entity, print the full name of the designated responsible producer (DRP)	Arizona Insurance License Number of the DRP
CERTIFICATION	
By my signature on this form, I hereby attest and affirm that the information provided on and with this form is true and correct.	
_____	_____
SIGNATURE OF LICENSEE	DATE

NAME CHANGE: IMPORTANT! If you are an **Arizona resident**, include with this form a copy of both sides of your newly updated Arizona Driver License or Arizona Non-operating Identification Card. If you are a **nonresident**, first change your name with your home state insurance department and then file this form.

New name if license holder is a business entity; otherwise, leave blank			
New name if an individual: Last name	First name	Middle name	Jr./Sr./III/etc.

ADDRESS CHANGE: Enter NEW address information below. **Individuals** – see NOTE at the top of this form.

BUSINESS ADDRESS	Business Name (if applicable)			
	Physical Street Address	City	State	Zip Code
MAILING ADDRESS	Business Name (if applicable)			
	Street Address or P O Box	City	State	Zip Code
HOME ADDRESS	Physical Street Address	City	State	Zip Code
E-MAIL (optional)	E-mail Address (optional)			

PHONE NUMBER CHANGE: Enter NEW telephone number information below. **Individuals** – see NOTE at the top of this form.

Business Telephone Number	Home Telephone Number	Fax Number:
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