



Department of Consumer & Business Services

Division of Financial Regulation — 3

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**Address/Name
Change Form**

To ensure accurate processing, please complete all blanks.

Residence address change

Business address change

Name change

Date

License number/NPN

Name of license holder

New name

Residence address:

Street address

City, state, ZIP

()

Phone

Personal email address

Business address:

Business name

Street address

City, state, ZIP

()

Phone

Business email address

Mailing or P.O. Box address:

Address

City, state, ZIP

Signature of license holder



INSTRUCTIONS

1. This form may be copied as needed.
2. Notification of an “agency” address change does not change the address on the licenses of the individual affiliates. Each producer must file his or her own address change.
3. The license holder must sign this form.
4. List only one individual producer or agency per form.
5. To ensure accurate processing and to help verify information, please complete all blanks.