



TEXAS DEPARTMENT OF INSURANCE

FIN533 | 0215

Financial Regulation Division - Agent and Adjuster Licensing Office (107-1A)

333 Guadalupe, Austin, Texas 78701 ★ PO Box 149104, Austin, Texas 78714-9104
(512) 676-6500 | F: (512) 490-1029 | (866) 554-4926 | TDI.texas.gov | @TexasTDI

LICENSEE NAME/ADDRESS CHANGE REQUEST FORM

THIS FORM IS TO BE USED TO CHANGE THE MAILING, RESIDENT, OR BUSINESS ADDRESS; OR AN INDIVIDUAL'S NAME

THIS FORM WILL NOT BE PROCESSED IF NOT FILLED OUT COMPLETELY

Agencies must make name change on LDTL form FIN528

Licensees are required to notify TDI within 30 days of an address change (TIC § 4001.252)

TDI License Number _____

LOCATED ON BOTH LICENSE AND RENEWAL APPLICATION

Name of Agent/Agency _____

NAME SHOWN ON LICENSE

Name Change _____

FOR INDIVIDUALS ONLY—(New name) Supporting official court documentation (e.g. marriage certificate, divorce decree, or other official court document) is required to be submitted with this form.

An agency requesting a name change must submit a completed LDTL form **FIN528**.

After a name or address change has been processed, you may print a copy of your license from the internet. Please see "How do I get a copy of my license?" at www.tdi.texas.gov/licensing/agent/agfaq.html.

OFFICIAL MAILING ADDRESS: This is the official address for all notifications from the department including renewal notice, delivery of original and renewed license, service of process and all correspondence from the department.

STREET, PHYSICAL LOCATION, ROUTE OR P.O. BOX NUMBER

CITY

STATE

ZIP CODE

OFFICIAL RESIDENT ADDRESS: (INDIVIDUALS ONLY) This is the address where you live and the address on your driver license. This address is used to determine the state of residence for licensing purposes.

NOTE: Any change of address resulting in a move **from Texas** to another state or **from one non-resident state** to another will **require a Letter of Certification** from the licensee's new state of residence to be submitted with this form for consideration.

STREET, PHYSICAL LOCATION

CITY

STATE OF DRIVER LICENSE ISSUE

ZIP CODE

BUSINESS ADDRESS: This address is the physical location of an agent's or agency's office. It is for reference purposes only, and will not be used for official correspondence from this department.

STREET, PHYSICAL LOCATION, OR ROUTE (P.O. BOX NOT ALLOWED)

CITY

STATE

ZIP CODE

Daytime Phone Number: _____ **E-mail Address:** _____

Signature: _____

DATE SIGNED

Print Name: _____

COMPLETED FORM MAY BE MAILED, E-MAILED, OR FAXED TO:

Texas Department of Insurance - P.O. Box 149104, MC 107-1A Austin, Texas 78714-9104

LICENSE@tdi.texas.gov

FAX: (512) 490-1029