

State of Idaho
DEPARTMENT OF INSURANCE

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INDIVIDUAL NAME CHANGE
PLEASE FILL IN ALL BLANK SPACES

Date: _____ License Number: _____ Soc. Sec.#: _____

Name on Record: _____

Name Changed to: _____
(attach legal document indicating change)*

Signature: _____

RE: ADDRESS CHANGE & INFORMATION UPDATE

The Idaho Code requires an individual or business (licensee) to have an address accessible to the public, which cannot be a post office box. ***The business and residence address provided must be a physical address. The mailing address can be a post office box.***

Residence Address: _____
(Apartment # if applicable)

Residence Phone # _____

Business Name: _____

Business Address: _____
(Please include suite number if applicable)

Business Phone # _____ Ext. _____ Toll Free # _____

Fax Number: _____

E-Mail Address _____

Mailing Address: _____
(If PO Box, indicate if business or personal)

A NEW LICENSE COPY IS AUTOMATICALLY SENT AFTER PROCESSING THIS CHANGE

* **APPROPRIATE DOCUMENTS TO SHOW LEGAL CHANGE: MARRIAGE OR DIVORCE CERTIFICATE, DRIVER'S LICENSE, SOCIAL SECURITY CARD, LEGAL ORDER**