



COMMISSIONER OF INSURANCE, RALPH T. HUDGENS
STATE OF GEORGIA
REQUEST FOR NAME/ADDRESS CHANGE FOR PRODUCER AND AGENCY

1. GENERAL INSTRUCTIONS

All questions should be directed to Pearson VUE at 1-888-204-6204 between the hours of 7AM and 6PM Monday through Friday, EST.

- A. The Name/Address change form is used by Georgia licensees and agencies who wish to change their name, address(s) and phone/fax number(s).
B. Any name change will affect all licenses you hold and a fee of \$25.00 is required for each license.
C. The fee for a business and/or resident address change is \$25.00.
D. Agencies changing their address must submit a \$25.00.
E. NOTE: Georgia Law, section 33-23-25, requires you to notify the Georgia Insurance Department within 30 days of your address change.
F. This request may be completed online at www.sircon.com/georgia. There is no fee for address changes completed online.

2. LICENSEE INSTRUCTION

Print your complete name as it appears on your Georgia insurance license in the boxes provided. If you are changing your name, there is a \$25.00 fee.

AGENCY:

Name

New Legal Name

New DBA Name (if applicable) MI Suffix (Jr., Sr.)

License Number National Producer Number EIN

LICENSEE:

Last Name First Name MI Suffix (Jr., Sr.)

New Legal Last Name New Legal First Name MI Suffix (Jr., Sr.)

License Number Social Security Number National Producer Number

INDICATE YOUR RESIDENCY TYPE (Select One): Resident Non-Resident

3. LICENSE PRINT REQUEST

Place an "X" in the box next to each license type for which you wish to receive a duplicate license. Insert the number of duplicate licenses requested per license type. Multiply the number of licenses requested per license type by the fee of \$25.00 per letter. Enter the total in the "Total Amount Enclosed" space.

NOTE: Variable Products are incorporated into the Agent license type. If you are an agent with VP, and you are requesting a duplicate license, you need only request an "Agent" duplicate license.

DUPLICATE LICENSE

Table with 4 columns: LICENSE, LICENSE TYPES, DUPLICATE LICENSE QUANTITY, ENCLOSED FEE. Rows include Agency, Agent, Counselor, Fraternal Agent, Limited Sub-Agent, Surplus Lines Broker, Adjuster, Crop/Hail Adjuster, Public Adjuster, Workers Compensation Adjuster, and TOTAL DUPLICATE LICENSE/TOTAL AMOUNT ENCLOSED.

4. ADDRESS INFORMATION

RESIDENT ADDRESS CHANGE:

Print your complete address in the boxes provided. If providing a PO Box it is still required to have at least one physical address on file. If you are a non-resident of Georgia and you are moving to another non-resident state, you must include an updated **status letter** from your new resident state, along with this form. Any name, address, or phone number change you make here will affect all licenses you hold.

Street Address (Suite number, floor number, etc.)

City

State

ZIP+4

OFFICE ONLY

County Code

Country

International Postal Code Area Code

Residential Phone Number

Residential Fax Number

Email Address

BUSINESS ADDRESS CHANGE:

Print your complete address in the boxes provided.

Street Address (Suite number, floor number, etc.)

City

State

ZIP+4

OFFICE ONLY

County Code

Country

International Postal Code Area Code

Business Phone Number

Business Fax Number

Business Email Address

MAILING CHANGE:

This will be the address to which all future licensing documents will be mailed. Print your complete address in the boxes provided.

Street Address (Suite number, floor number, etc.)

City

State

ZIP+4

Forward this request, along with payment, to:
GEORGIA INSURANCE DEPARTMENT/Pearson VUE
PO Box 281137, Atlanta, GA 30384-1137
Checks must be made payable to: **Pearson VUE**

This request may be completed online at www.sircon.com/georgia.
There is no fee for address changes completed online.