

STATE OF CALIFORNIA

Change of Address

LIC 447-7 (Rev 10/18)

Department of Insurance
 320 Capitol Mall
 Sacramento, CA 95814
 Licensing Hotline: (800) 967-9331
www.insurance.ca.gov

You can change your address online at www.insurance.ca.gov under Online Services. Please note: the online service is not available for those who are changing states.

CHANGE OF RESIDENT STATE (individuals only): Yes No

Every licensee is required to immediately notify the Department of Insurance, in writing, of any change in address. Form must be completed and signed by the LICENSEE or an officer of the business, general partner, or partnership. This form cannot be submitted electronically. Please complete the form and return by mail to the address above, email to licdocuments@insurance.ca.gov, or fax to (916) 327-6907.

Business or Partnerships: This form can be used for state to state address changed with the exception of changing states in California. For California resident and non-resident address changes, complete the Business Entity Application for Insurance License, Form LIC 441-11. In addition, address changes must be completed in the business' name and signed by an officer, manager, member (corporations and limited liability companies) or partner (partnerships).

All address blocks must be completed

LICENSE NUMBER: _____ National Producer Number (NPN): _____

PRINT LICENSEE OR BUSINESS FULL NAME (As shown on license):

Last:	First:	Middle:
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Business Entity:

BUSINESS: (P.O. Box is not acceptable)

Number/Street:		Apt./Suite
City	State	Zip

MAILING: (Street address or P.O. Box)

Number/Street:		Apt./Suite
City	State	Zip

RESIDENCE: (P.O. Box is not acceptable)

Number/Street:		Apt./Suite
City	State	Zip

SIGNATURE: (An officer, member, manager or general partner or partnership must sign).

X	Date:
Provide title if business or partnership	
Business Phone: ()	Residence Phone: ()
Personal Email:	Business Email: