

CALIFORNIA INSURANCE LICENSE NAME CHANGE REQUEST
Sections 1650 and 1666.5 of the California Insurance Code

All information requested on this form is required or the request will not be processed. This request is only valid for insurance license applicants and individuals who hold an insurance license issued by the California Department of Insurance. This form may not be used to request a change to a Business Entity name or a Doing Business As (DBA) name. Please use the Name Approval Request, Form LIC 447-42A, to request these name changes.

California Insurance License Number: _____
or National Producer Number (NPN): _____
or Application Identification Number: _____

Applicant or Licensee's Former Name: _____
Last First Middle

Applicant or Licensee's **New** Name: _____
Last First Middle

Reason for Name Change (select one):

Marriage Divorce Naturalization Legal Name Change

Other: _____

Please submit this form and a copy of one of the following authorized documents that states your new legal name: current driver's license, state issued photo identification card, social security card, individual taxpayer identification number card (ITIN), marriage certificate, or court documents.

LICENSEE'S CERTIFICATION: I certify (or declare) under penalty of perjury, under the laws of the State of California, that I am the licensee who is requesting a name change. Pursuant to Insurance Code Sections 1650 and 1666.5, I authorize the California Department of Insurance to change the name on my license to state the name shown on this form and on the attached authorized documentation.

Licensee's Signature

Date City State () Telephone

Email, fax, or mail this completed form and authorized document to one of the addresses noted below. Requests received without a copy of valid documentation and signature will not be processed. Please allow seven to ten business days for processing of this request. If you have any questions, please call the Licensing Hotline at (800) 967-9331.

E-Mail to: LICDOCUMENTS@INSURANCE.CA.GOV

FAX to: (916) 327-6907

Mail to: California Department of Insurance, 320 Capitol Mall, Sacramento, CA 95814