

Producer Licensing Bureau  
320 Capitol Mall  
Sacramento, CA 95814-4309  
(800) 967-9331  
[www.insurance.ca.gov](http://www.insurance.ca.gov)



**California Insurance License Name Change Request**  
**California Insurance Code Section 1650, 1666.5**

California License Number	OR National Producer Number*(NPN)	OR Application ID Number
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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 for business entities requesting a name change. Business entities should contact our Business Entity Unit at 916-492-3069 or email them at [cdibena@insurance.ca.gov](mailto:cdibena@insurance.ca.gov) for further information.

**Instructions:** All entries, if not typewritten, must be legible. All information as requested, is required.

Applicant or Licensee's <b>Former</b> name:			
Last	First	Middle	
Applicant or Licensee's <b>New</b> name:			
Last	First	Middle	
Reason for Name Change(select one):			
<input type="checkbox"/> Marriage	<input type="checkbox"/> Divorce	<input type="checkbox"/> Naturalization	<input type="checkbox"/> Legal Name Change
<input type="checkbox"/> Other:			

\*The licensee's National Producer Number (NPN) can be retrieved using the following link: <https://www.nipr.com/PacNpnSearch.htm> or <https://www.sircon.com/ComplianceExpress/Inquiries/index.jsp?nonSscrb=Y&sscribid=9999>

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

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

\_\_\_\_\_  
Licensee or Applicant's Signature

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Phone #

**Please choose one of the following:**

**Email to:** [licdocuments@insurance.ca.gov](mailto:licdocuments@insurance.ca.gov)

**Fax to:** (916) 327-6907

**Mail to:**

California Department of Insurance  
320 Capitol Mall  
Sacramento, CA 95814

**If you have questions please contact - Producer Licensing Bureau Hotline at 800-967-9331.**