

ADDRESS OR NAME CHANGE FORM

Send to: **Vermont Department of Banking, Insurance, Securities and Health Care Administration**
Licensing Section
89 Main Street, Drawer 20
Montpelier, VT 05620-3101

NAME [please print]:

PRODUCER LICENSE NUMBER (5 digit numeric): _____

REQUEST FOR ADDRESS CHANGE

NEW RESIDENCE ADDRESS: _____

CITY/STATE/ZIP: _____ **RESIDENCE PHONE:** ____ - ____ - _____

REQUEST FOR NAME CHANGE - FORMER NAME: _____

NEW NAME: _____

(Attach a copy of the marriage certificate or divorce decree)