



**STATE OF NEBRASKA  
DEPARTMENT OF INSURANCE  
LICENSING DIVISION**  
[www.doi.nebraska.gov](http://www.doi.nebraska.gov)

## CHANGE REQUEST FORM INSURANCE AGENCY

Business Entity Name	License Number
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**Please submit this form to update any of the information listed below. Please complete the appropriate section(s) then email, fax, or mail the form and any additional documentation to the Nebraska Department of Insurance Licensing Division at the bottom of the form.**

- Business Address                      - Name Change                      - Tax ID Corrections
- Mailing Address                        - Email Address                      - DBA (Doing Business As) Add/Delete

**ADDRESS CHANGES** (Notification required within 30 days of change)

New Business Address	City	State	Zip
	PO Box		
Business Email	Business Phone	Business Fax	

New Mailing Address	City	State	Zip
	PO Box		

*If your license resident state is different than your Business Address, please indicate your actual state of residency.*

<b>** If Nebraska is no longer your resident state, do you need to have your Nebraska resident insurance license canceled?</b>	YES	NO
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**NAME CHANGE** (Include documentation)

Previous Name	New Name
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**TAX ID Changes** (Include documentation)

Old Tax ID Number	New Tax ID Number
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**Doing Business As (DBA)**

Add DBA
Delete DBA

**AUTHORIZATION**

**Please have an authorized agency representative sign and date to confirm the above changes to your license information. Incomplete forms will not be processed.**

_____	_____
Authorized Signer's Name	Month/Day/Year
_____	
Signature	