



**STATE OF NEBRASKA
DEPARTMENT OF INSURANCE
LICENSING DIVISION**
www.doi.nebraska.gov

CHANGE REQUEST FORM FOR INDIVIDUALS

Name	License Number / NPN		
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	- Social Security Number Correction	
- Mailing Address	- Line of Authority	- Date of Birth Correction	
- Residence Address	- Email Address		
ADDRESS CHANGES (Notification required within 30 days of change)			
New Residence Address **	City	State	Zip
Residence Email	Residence Phone		
New Business Address	City	State	Zip
	PO Box		
Business Email	Business Phone		
New Mailing Address	City	State	Zip
	PO Box		
** If Nebraska is no longer your resident state, do you need to have your Nebraska resident insurance license canceled? You must submit a new license application in order to switch your resident license to a non-resident.		YES	NO
NAME CHANGE (Include documentation)			
Previous Name	New Name		
SSN OR DATE OF BIRTH CORRECTIONS (Include documentation)			
Incorrect Social Security Number	Correct Social Security Number		
Incorrect Date of Birth	Correct Date of Birth		
LINE OF AUTHORITY CHANGES			
Add the following line(s) of insurance to my existing license:			
<i>Note: When requesting to add a variable contracts line of insurance, please also include proof of passage of your NASD or SEC examination.</i>			
Remove the following line(s) of insurance from my existing license:			
AUTHORIZATION			
Please sign and date to authorize the above changes to your license information. Incomplete forms will not be processed.			
_____ Licensee's Signature		_____ Month/Day/Year	