



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

CHANGE REQUEST FORM INSURANCE PRODUCERS AND CONSULTANTS

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 | - 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 Business Address	City	State	Zip
	PO Box		
Business Email	Business Phone	Business Fax	

New Mailing Address	City	State	Zip
	PO Box		

New Residence Address **	City	State	Zip
Residence Email	Residence Phone		

**** If Nebraska is no longer your resident state, do you need to have your Nebraska resident insurance license canceled?** YES NO

NAME CHANGE (Include documentation)

Previous Name	New Name
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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:

Note: When requesting to add a variable contracts line of insurance, please also include proof of passage of your NASD or SEC examination.

Remove the following line(s) of insurance from my existing license:

PRODUCER AUTHORIZATION

Please sign and date to authorize the above changes to your license information. Incomplete forms will not be processed.

Producer's Signature

Month/Day/Year