

FORM L-CHG



CHANGE IN INSURANCE LICENSE INFORMATION

LICENSING

602-364-4457 | insurancelicensing@difi.az.gov

- Licensees should use this form to change address information only if they receive an error when attempting to process the request online at <https://nopr.com/>.
- Licensees can update email addresses or phone numbers online at <https://nopr.com/>.

PRINT THE FULL NAME OF THE LICENSEE CURRENTLY SHOWN ON THE LICENSE	ARIZONA INSURANCE LICENSE NUMBER
IF LICENSEE IS A BUSINESS ENTITY, PRINT THE FULL NAME OF THE INDIVIDUAL REQUESTING THE CHANGE	

NAME CHANGE: Below, complete [A] for a licensed business entity or [B] for a licensed individual. An Arizona-resident individual must include a copy of an updated government-issued photo identification card. An Arizona-resident business entity must provide evidence that the name was legally changed with the Arizona Corporation Commission or similar entity. A non-resident must ensure the resident state has already processed the name change prior to submitting this form.

[A] BUSINESS ▶	NEW NAME IF LICENSE HOLDER IS A BUSINESS ENTITY (otherwise leave blank)			
	LAST NAME	FIRST NAME	MIDDLE NAME	JR./SR./ETC.
[B] INDIVIDUAL ▶				

ADDRESS CHANGE: Enter NEW address information below:

BUSINESS ADDRESS	BUSINESS NAME (if applicable)			
	PHYSICAL STREET ADDRESS	CITY	STATE	ZIP CODE
MAILING ADDRESS	BUSINESS NAME (if applicable)			
	STREET ADDRESS OR P O BOX	CITY	STATE	ZIP CODE
HOME ADDRESS (if individual)	PHYSICAL STREET ADDRESS	CITY	STATE	ZIP CODE

DESIGNATED RESPONSIBLE LICENSED PRODUCER (DRLP) CHANGE: If adding a DRLP, the new DRLP must sign this form acknowledging the DRLP designation and accepting responsibility for the business-entity licensee’s compliance with Arizona laws per ARS § 20-285(C)(3).

ADD	DELETE	AZ LICENSE NO.	LAST NAME	FIRST NAME	SIGNATURE OF DRLP (only if adding)
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				

_____ SIGNATURE of licensee, or for a business entity, the individual requesting the change	_____ DATE
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