



# Department of Business Regulation

Insurance Division  
1511 Pontiac Avenue, Bldg. 69-2  
Cranston, RI 02920

## CHANGE OF NAME FORM AND INSTRUCTIONS

A licensee can request a change to his or her name with an email to [dbr.inslic@dbr.ri.gov](mailto:dbr.inslic@dbr.ri.gov) and attach applicable supporting documentation (marriage certificate, court document, driver's license, etc.).

Alternatively, a licensee can complete this form and fax it to 401-462-9602 along with the applicable supporting documentation (marriage certificate, court document, driver's license, etc.).

Rhode Island License Number: \_\_\_\_\_

Previous Name: \_\_\_\_\_

New Name: \_\_\_\_\_

Name of person submitting this form: \_\_\_\_\_ Date: \_\_\_\_\_

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## CHANGE OF ADDRESS FORM AND INSTRUCTIONS

An individual licensee can request an address change to his or her name with an email to [dbr.inslic@dbr.ri.gov](mailto:dbr.inslic@dbr.ri.gov). Alternatively, you can complete this form and fax it to 401-462-9602 along with the applicable supporting documentation (marriage certificate, court document, driver's license, etc.).

Rhode Island License Number: \_\_\_\_\_

Your Full Name: \_\_\_\_\_

New Resident Address: \_\_\_\_\_

\_\_\_\_\_

New Business Address: \_\_\_\_\_

\_\_\_\_\_

New Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Name of person submitting this form: \_\_\_\_\_ Date: \_\_\_\_\_