ARKANSAS INSURANCE DEPARTMENT
LICENSE DIVISION
1200 WEST 3RD STREET
LITTLE ROCK AR 72201
PHONE: 501-371-2750; FAX: 501-683-2604
WEBSITE: hhttps://insurance.arkansas.gov/pages/industry-regulation/licensing/forms-instructions/

Individual Licensee Name Change Request

Arkansas License Number or National Producer Number _____

Current Name: _____

New Name Requested: _____

Attach documentation supporting name change: Court Order, Marriage License or Divorce Decree. No name change will be processed without legal documentation. There is no fee for individual licensee name change. This form is for individuals only and not for business entity name changes.

If there is a change of address in addition to the name change, please complete the information below. Both address types must be completed ----- do not use "same as above". You must include phone numbers.

Mailing Address:

_____

P.O.Box or Street Address City State Zip

Resident Address:

_____

Street Address (must be physical address no P.O. Box) City State Zip

Phone Number: _____

E-mail Address: _____

_____
Signature of Licensee

Dated: _____