



REQUEST FOR ADDRESS OR NAME CHANGE

Licensing & Education Division

Agents must report in writing a change in name or address within 30 days of occurrence Agencies must report in writing a change in name or address within 10 days of occurrence				
NPN#/ License #	Last Name	Jr./Sr. etc.	First Name	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
FEIN#/License #	Business Name			
<input type="text"/>	<input type="text"/>			
NEW Resident Address/Phone Number <i>*NA for Business address change</i>				
Resident/Home Address (Physical Street)		P.O. Box		
<input type="text"/>		<input type="text"/>		
City		State	Zip	
<input type="text"/>		<input type="text"/>	<input type="text"/>	
Home Phone Number	Business Phone Number	Fax Number	E-Mail Address	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
NEW Business Address				
Business Name		Business Email Address		
<input type="text"/>		<input type="text"/>		
Street		P.O. Box		
<input type="text"/>		<input type="text"/>		
City		State	Zip	
<input type="text"/>		<input type="text"/>	<input type="text"/>	
NEW Mailing Address				
Business Name (if applicable)				
<input type="text"/>				
Street		P.O. Box		
<input type="text"/>		<input type="text"/>		
City		State	Zip	
<input type="text"/>		<input type="text"/>	<input type="text"/>	
NEW Name/Individual or Agency (Include Documentation)				
Last Name/Agency Name	Jr./Sr. etc.	First Name	Middle Name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
OLD Name				
Last Name/Agency Name	Jr./Sr. etc.	First Name	Middle Name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Signature				
Agent Signature: _____			Date: _____	

This form may be submitted via mail, fax 304-558-4966 or electronically attached as a pdf document and emailed to
OICagentlicensing@wv.gov