

**NOTIFICATION OF
NAME CHANGE
FOR INDIVIDUAL INSURANCE LICENSEE**

Licensees are required to notify the Commerce Department in writing of any name change within ten days of the change.

Nonresidents

- You must change your name on your insurance license in your home state before changing your name on your Minnesota insurance license.
- Submit this completed form via e-mail to **licensing.commerce@state.mn.us**.

Residents

- Attach legal documentation of the name change (for example, a copy of a marriage certificate, divorce decree, or court order—NOT a driver's license or Social Security card).
- Submit this completed form and the legal documentation via e-mail to **licensing.commerce@state.mn.us**.

LICENSEE INFORMATION

License Number

FORMER NAME

Last Name	First Name	Middle
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NEW NAME

Last Name	First Name	Middle
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DATE OF NAME CHANGE

MM/DD/YYYY

CERTIFICATION OF LICENSEE

I certify that all the information provided above is true and complete.

Signature of Licensee

Date

If you have questions, please contact the Licensing Division at:
Email licensing.commerce@state.mn.us Telephone 651-539-1599 Website mn.gov/commerce/licensing