

Agent/adjuster name or address change request

You must fill out and send us this form within 30 days of a change to your name or address.

Notes: If you've moved from Texas to another state, contact the department of insurance in your new state before submitting this form. You must have a license in your new state of residence before we can change your Texas license to a nonresident license.

If you're a licensed agent or adjuster in another state who has moved to Texas, you must fill out form [FIN594](#).

TDI license number

First name

Middle name

Last name

Suffix

► Fill out this section if you changed your name:

New legal name

First name

Middle name

Last name

Suffix

📎 Attach a copy of an official document showing that your name changed. For example, send a copy of a marriage certificate or divorce decree.

► Fill out all parts of this section if your address changed:

Phone numbers

Personal (_____) _____

Business (_____) _____

Email addresses

Personal _____

Business _____

Business address

Street address _____

City _____ State _____ ZIP _____

Mailing address

Street address or P.O. Box _____

City _____ State _____ ZIP _____

📎 A P.O. Box will be accepted only for a mailing address.

Resident address

Street address _____

City _____ State _____ ZIP _____

📎 Attach a copy of a Letter of Certification from your resident state.

► Sign here:

The answers I gave on this form are true and correct:

Licensee signature_____
Date_____
Print name**► Contact us if you have questions:**You can: (1) email License@tdi.texas.gov, or (2) call 512-676-6500.**► Know your rights:**

You can request information we have about you by emailing OpenRecords@tdi.texas.gov or writing to: Public Information Coordinator, Texas Department of Insurance, PO Box 12030 (mail code GC-ORO) Austin, Texas 78711-2030. You also have the right to ask that we fix information we have about you that is wrong. To ask for a correction, send (1) your name, mailing address, and your phone number, (2) details about what needs to be fixed, and (3) the reason or proof showing why the information is wrong. Send this by email to RecordCorrections@tdi.texas.gov or by mail to: Record Correction Request, Texas Department of Insurance, PO Box 12030 (mail code CO-AAL-CC), Austin, Texas 78711-2030.