



85 – 7th PLACE EAST, SUITE 280
 ST. PAUL, MN 55101
 651-539-1599

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.

INSTRUCTIONS

- 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	License Type
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FORMER NAME

Last Name	First Name	Middle
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NEW NAME

Last Name	First Name	Middle
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Residence Address		
City	State	Zip Code
Residential Telephone Number ()	Date of Name Change	

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:

E-mail licensing.commerce@state.mn.us
 Telephone 651-539-1599
 Website mn.gov/commerce