

INDIVIDUAL/AGENCY CHANGE REQUEST FORM

For: Agency Name Change; Addition/Removal of Assumed Name; or Cancellation of License/Line

Utah Insurance Department
Phone: 801-538-3800 Fax: 801-538-3830
Email: licensing.uid@utah.gov

This form **MUST** be submitted via fax to 801-538-3830 or emailed as a PDF to licensing.uid@utah.gov.

IMPORTANT NOTICE: For adding an additional qualification or line of authority to an existing license, for adding or terminating a designee(s) to an agency license, for reporting a change of address or telephone number, or for an individual licensee name change, you **MUST** do so online via SIRCON at www.sircon.com/utah or via NIPR at www.nipr.com.

Name of Individual or Agency: _____ Utah License # _____
Social Security # or Federal Tax ID # _____

I hereby request the following (please check appropriate box):

As stated in UCA 31A-23a-402(1)(a) and UAC R590-154-5: [A licensee] shall not use any name that is misleading, likely to be mistaken for another already in business, or that implies association or connection with any organization including a government agency, where an actual association or connection does not exist.

1. **AGENCY CHANGE OF NAME**

From _____ To _____; or

2. **ADDITION OF AN ASSUMED NAME**

a. Agency Assumed Name (DBA/Alias) _____

b. Individual Assumed Name (AKA/Nickname) _____

3. **REMOVAL OF AN ASSUMED NAME**

Individual or Agency Assumed Name to be removed: _____

3. **CANCELLATION / VOLUNTARY SURRENDER OF LICENSE**

Note: The licensee is the only party authorized to request cancellation of an individual license.

I am voluntarily surrendering my license for cancellation for the following reason:

4. **CANCELLATION / VOLUNTARY SURRENDER OF A LINE OF AUTHORITY**

Line to be canceled/surrendered _____

ATTESTATION: (FORM MUST BE SIGNED & DATED)

By signing below, I hereby attest that all of the information submitted is true and correct, and that I am the licensee for whom the requested change is being submitted, or an authorized responsible representative of the licensee for whom the requested change is being submitted.

Name and Title of Individual Submitting Request

Relationship of Submitter to Licensee

Signature of Licensee or Authorized Representative Submitting Request

Date