

# VIRGINIA SERVICE REQUEST FORM

Visit Sircon's website at [www.sircon.com/virginia](http://www.sircon.com/virginia) to change an address, or request certification letters.

**TO: BUREAU OF INSURANCE  
AGENTS LICENSING SECTION  
P.O. BOX 1157  
RICHMOND, VA 23218**

\_\_\_\_\_  
Name of Individual or Agency

\_\_\_\_\_  
Agent or Agency VA License No.

**NOTE: THE LICENSEE MUST SIGN THIS FORM WHERE SHOWN**

1.  **CHANGE OF NAME**

A copy of the marriage certificate, divorce decree, or court order is required.

\_\_\_\_\_  
Name as currently in our records (Last, First, Middle)

\_\_\_\_\_  
New Name to appear in our records (Last, First, Middle)

2.  **CORRECT OR CHANGE AGENT SSN OR AGENCY FEIN TO:**

Agents provide 2 forms of ID (1 picture) with new ID#. Agency provide documentation from IRS.

3.  **NOTIFICATION OR CHANGE OF TRADE NAME(S)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4.  **LETTER OF CLEARANCE (Provide new residence address.)**

I have moved from Virginia to the State of \_\_\_\_\_. Please cancel all my existing Virginia resident insurance licenses and send me a Letter of Clearance.

<b><u>NEW ADDRESS</u></b>		
_____ Street Address Required		
_____ P.O. Box (If Applicable)		
_____ City	_____ State	_____ Zip
_____ Phone Number		

Agent or Agency VA License No. \_\_\_\_\_

5.  **Change of Address** (For nonresident agents only who are moving from one state to another. Do **not** use this form if you are moving within your residence state. All other address changes should be updated online. See first page of this form.)

<b><u>NEW ADDRESS</u></b>		
_____		
<b>Street Address Required</b>		
_____		
P.O. Box (If Applicable)		
_____		
City	State	Zip
_____		
Phone Number		

_____	_____
<b>Signature of Licensee or Officer/Principal of Agency</b>	<b>Date</b>