

VIRGINIA SERVICE REQUEST FORM

Visit <http://scc.virginia.gov/boi/online.aspx> to submit address changes online.

Email completed form to: agentlicensing@scc.virginia.gov or fax to 804-371-9290.

_____	_____
Name of Individual or Agency	VA License No.

1. CHANGE OF NAME

A copy of the marriage certificate, divorce decree (if the decree states the change from married name to maiden name), or court order is required.

Name as currently in our records (Last, First, Middle)	New Name to appear in our records (Last, First, Middle)
Agency Name as currently in our records	Agency Name to appear in our records

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.

NEW RESIDENCE ADDRESS

Street Address Required

P.O. Box (If Applicable)

City	State	Zip
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Email Address

_____	_____
Signature of Licensee or Officer/Principal of Agency	Date