

INDIVIDUAL / AGENCY - CHANGE REQUEST FORM

For:

License Cancellation; Agency Name Change

FORM MUST BE SIGNED & DATED

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 electronically attached as a pdf document and emailed to licensing.uid@utah.gov. With few exceptions we will no longer accept mailed documents, and it will be returned to the sender without processing.

IMPORTANT NOTICE: To add an additional qualification or line of authority to an existing license, for adding or terminating a designee(s) to an agency license, or for reporting a change of address or telephone number, or 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):

1. **AGENCY CHANGE OF NAME**

From _____ To _____

2. **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:

ATTESTATION:

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