



State of New Jersey

DEPARTMENT OF BANKING AND INSURANCE LICENSING SERVICES BUREAU – INSURANCE

PO Box 327

TRENTON, NJ 08625-0327

TEL (609) 292-4337 FAX (609) 984-5263

Address Change Request

To Assure Immediate Updates For Individuals

Please use the free electronic submission via National Insurance Producer Registry (NIPR)



Licensee Name: License Number:

Please Change :

Home Address to:

Home address input lines

Phone# Fax#

Email Change Effective date:

Business Address to:

Business address input lines

Phone # Fax#

Email Change effective date:

Mailing Address to:

Mailing address input lines

Change effective date:

Signature of Licensee Date:

Note: If change is for a business entity, the request must be signed by an owner, officer or designated responsible producer (DRLP).

Signature of owner, officer or DRLP (for business entity licensees only):

Name: Title: Date:

Mail to: N. J. Department of Banking and Insurance
Licensing Services Bureau- Insurance
PO Box 327
Trenton, New Jersey 08625-0327
Or FAX to: 609-984-5263

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