



# STATE OF CONNECTICUT

## INSURANCE DEPARTMENT

### Request to Change Residency

Revised 08/13/2015

(Type or Print):

1. Individual or Business Entity Name: \_\_\_\_\_
2. Connecticut License Number: \_\_\_\_\_  
OR  
National Producer Number (NPN): \_\_\_\_\_
3. Individual last 4 digits of SSN or Business Entity last 4 digits of FEIN: \_\_\_\_\_
4. Type of License (i.e.: Producer, Adjuster): \_\_\_\_\_

Demographic Changes (Type or Print):

1. New Mailing Address: \_\_\_\_\_  
\_\_\_\_\_
2. New Resident Address: \_\_\_\_\_  
\_\_\_\_\_
3. New Business Name and Address: \_\_\_\_\_  
\_\_\_\_\_
4. Email and Phone: \_\_\_\_\_
5. Are you trying to change your Connecticut license from: Resident to Non-Resident status:  Yes  No  
OR
6. Are you trying to change your Connecticut license from: Non-Resident to Resident status:  Yes  No

*Note: You should contact your new resident state prior to making any changes to your Connecticut resident license. The new resident state may require a Letter of Certification or Letter of Clearance from Connecticut.*

Letter of Certification/Clearance Request form (LINK: <http://www.ct.gov/cid/lib/cid/residentcertifyletter.pdf>)

Signed: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Preferred method for submission is Email: [cid.licensing@ct.gov](mailto:cid.licensing@ct.gov).

Fax: (860) 297-3978, Attn: Licensing

*Incomplete forms will not be updated*