



MISSOURI DEPARTMENT OF COMMERCE AND INSURANCE  
**CHANGE OF PUBLIC ADJUSTER SOLICITOR STATUS**

P.O. BOX 690  
 JEFFERSON CITY, MO 65102  
 FAX: (573) 526-3416  
 Licensing@insurance.mo.gov

**INSTRUCTIONS**

Type or print in ink.

Verify and print your license at <http://insurance.mo.gov/agents/>

LICENSE NUMBER	LEGAL LAST NAME, FIRST NAME, MI	<input type="checkbox"/> JR <input type="checkbox"/> SR
CURRENT E-MAIL ADDRESS (PLEASE PRINT CLEARLY)		

**CHANGE OF ADDRESS** (Notification required within 30 days of change)

NEW RESIDENCE ADDRESS (Required)				
STREET ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE)	CITY	STATE	ZIP	HOME PHONE NUMBER
NEW BUSINESS ADDRESS (Optional)				
STREET ADDRESS	CITY	STATE	ZIP	BUSINESS PHONE NUMBER
NEW MAILING ADDRESS (Optional)				
STREET ADDRESS/P.O. BOX	CITY	STATE	ZIP	BUSINESS PHONE NUMBER

**CHANGE OF NAME** (Attach documentation - Copy of marriage license, divorce decree or driver's license)

PREVIOUS NAME
NEW NAME

**CHANGE OF PUBLIC ADJUSTER**

PREVIOUS PUBLIC ADJUSTER BY WHOM YOU WERE EMPLOYED	
NEW PUBLIC ADJUSTER BY WHOM YOU ARE EMPLOYED	EFFECTIVE DATE

DATE	SIGNATURE OF PUBLIC ADJUSTER SOLICITOR
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