



MISSOURI DEPARTMENT OF COMMERCE AND INSURANCE
CHANGE OF PRODUCER STATUS

P.O. BOX 690
 JEFFERSON CITY, MISSOURI 65102
 TELEPHONE: (573) 751-3518
 FAX: (573) 526-3416
 LICENSING@INSURANCE.MO.GOV

INSTRUCTIONS: PLEASE COMPLETE APPROPRIATE AREAS BELOW

LICENSE NUMBER	LAST NAME	FIRST NAME	MI	<input type="checkbox"/> Jr. <input type="checkbox"/> Sr.
E-MAIL ADDRESS				

CHANGE OF ADDRESS

NEW RESIDENCE ADDRESS- For all address changes within your resident state, go to www.nipr.com for immediate updates.

STREET ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE)		HOME PHONE NUMBER
CITY	STATE	ZIP

NEW BUSINESS ADDRESS

STREET ADDRESS		BUSINESS PHONE NUMBER
CITY	STATE	ZIP

NEW MAILING ADDRESS

STREET ADDRESS/P.O. BOX		BUSINESS PHONE NUMBER
CITY	STATE	ZIP

CHANGE OF NAME (Attach documentation, i.e., copy of marriage license, divorce decree, driver's license)

PREVIOUS NAME

LAST NAME	FIRST NAME	MIDDLE NAME	<input type="checkbox"/> Jr. <input type="checkbox"/> Sr.
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NEW NAME

LAST NAME	FIRST NAME	MIDDLE NAME	<input type="checkbox"/> Jr. <input type="checkbox"/> Sr.
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CANCELLATION OF LICENSE (Note: Expired licenses do not need to be cancelled.) License will be cancelled on the date this form is processed by the department.

PLEASE DETAIL THE RATIONALE FOR CANCELLING YOUR LICENSE.

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PRODUCER AUTHORIZATION

SIGNATURE OF PRODUCER	DATE
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