Trinidad Navarro Commissioner



Delaware Department of Insurance

2C
Revised 0.5/2011

REQUEST FOR AMENDMENT (PLEASE PRINT OR TYPE)

FEES: \$10.00 fee required for name change, Line of Authority Addition/Deletion, and DBA/TA amendment.

PART 1 INDIVIDUAL LICENSEE ID	ENTIFICATION (Comp	plete if amendn	nent is for an individual.)
NAME			
LICENSE #	NATIONAL PRODUCER #		
PART 2 BUSINESS ENTITY IDENT	IFICATION (Complete	if amendment is	for a business entity.)
<u></u>	_		E#FEIN (IRS)
TVIVIL		DICEIVE	I Elit (INO)
'ART 3 LICENSE TYPE	Are you applying for a Delaware Resident License? (Check One) Yes No		
ART 4 AMENDMENT: Address	s 🗌 Name Change	☐ Line of Au	nthority Addition/Deletion
Res	sidence Address Informa	ation – Complete	for Individual Licensee only
ADDRESS	SUITE OR BOX NO.		
CITY	STATE	ZIP	PHONE
	Busin	ess Address Info	rmation
EMPLOYER'S NAME			
ADDRESS			SUITE OR BOX NO
CITY	STATE	ZIP	PHONE
BUSINESS E-MAIL ADDRESS		BUSINE	SS WEBSITE ADDRESS
	Maili	ng Address Info	mation
ADDRESS			SUITE OR BOX NO.
CITY	STATE	ZIP	PHONE
	NAME CHANGE	(Proof of name	change is required.)
NAME:		· ·	8 1 /
	LINE(S) OF AUTHOR	ITY –	ADD DELETE
LINE(S) OF AUTHORITY			
	DBA/TA ADDIT	ION (Proof of D	BA/TA is required.)
NAME:			
IGNATURE		DATE	PHONE#

Please note: DE does not print/mail out licenses.

Licenses may be printed at the following link: http://www.insurance.delaware.gov