

STATE OF NEW MEXICO – OFFICE OF SUPERINTENDENT OF INSURANCE (OSI)
PRODUCER LICENSING BUREAU

Individual Licensee Name Change Request

Please take special care when completing this form. All filing fees are non-refundable or non-transferable, whether or not the application is processed. NMSA 59A-6-1 All fees are earned when paid and are not refundable.

Licensees shall inform the superintendent of a change of address within thirty days of the change. Failure to timely inform the superintendent of a **change in legal name** shall result in a penalty of fifty dollars (\$50.00).

Fee is \$30.00. Make check payable to OSI

Supporting documentation is required. Please submit this form and one of the following authorized documents that states your new legal name: current driver's license, social security card, or marriage certificate, etc.

National Producer Number (NPN) _____

Licensee's Name as it appears on license:

Licensee's New Name:

I authorize the New Mexico Office of Superintendent of Insurance to change the name on my license to the name shown on this form and as verified on the attached authorized documentation.

Licensee Signature

Date

Telephone No. _____

Email: _____

Overnight Delivery: Producer Licensing Bureau, 1120 Paseo de Peralta, Room 331, Santa Fe, NM 87501

Mailing Address: Producer Licensing Bureau, PO Box 1689, Santa Fe, NM 87504

Email: agents.licensing@state.nm.us