

Request for Name Change

(Form AL-B)

Please use this form to request a name change. Note that according to Section 27-7-17(B), Code of Alabama 1975, **a licensee is required to notify the Department of Insurance of a legal change in name within 30 days of that change.** For verification purposes, a legal name change for an individual is when the name is changed with the Social Security Administration. A legal name change for a business entity occurs when the proper filing is made with the proper authority in the entity's state of organization. **Failure to comply with this statute will result in a \$50 penalty.**

For individual licensees, this form must be accompanied by a copy of a social security card in the new name or the receipt from the Social Security Administration showing legal name change.

For business entities, this form must be accompanied by a new Certificate of Existence from the Alabama Secretary of State.

PLEASE PRINT OR TYPE: (ALL INFORMATION IS REQUIRED)

Licensee's **Former** Full Name: _____

Licensee's **Current** Full Name: _____

National Producer #, SSN, or FEIN: _____ License #: _____

Date of Request: _____

Mail this request to: **ALABAMA DEPARTMENT OF INSURANCE
PRODUCER LICENSING DIVISION
PO BOX 303351
MONTGOMERY AL 36130-3351**

Or fax to: **(334) 240-3282**