

**STATE OF TENNESSEE**  
**DEPARTMENT OF COMMERCE AND INSURANCE**  
**Insurance Division – Agent Licensing**  
**500 James Robertson Parkway**  
**Nashville, TN 37243-1134**  
**(615) 741-2693**

Fax: (615) 532-2862

[ce.agent.licensing@tn.gov](mailto:ce.agent.licensing@tn.gov)

## Request for Name Change – Insurance Producer

\_\_\_\_\_  
Tennessee License Number

\_\_\_\_\_  
National Producer Number (NPN)

\_\_\_\_\_  
Name Currently on License *(please print)*

\_\_\_\_\_  
New Name *(please print)*

Please provide reason for name change: \_\_\_\_\_

\*\*Attach legal documentation (marriage certificate, divorce decree authorizing change, court documents etc.)  
Completed form and attachments may be submitted to the Agent Licensing Section by email at  
[ce.agent.licensing@tn.gov](mailto:ce.agent.licensing@tn.gov) or by fax at 615-532-2862.

\_\_\_\_\_  
Signature of Producer

\_\_\_\_\_  
Submitted by (if other than licensee)

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date

Per TCA § 56-6-107(g) A license insurance producer shall inform the commissioner by any means acceptable to the commissioner of a change of address within thirty (30) days of the change. Failure to timely inform the commissioner of a change of legal name or address may result in a disciplinary action pursuant to §56-6-112.