

Colorado Division of Insurance Name Change Request Form

This form is to be used only by Agencies and Individuals licensed and regulated by the Colorado Division of Insurance.

INDIVIDUAL NAME CHANGE REQUEST	
LICENSE NUMBER:	
NEW NAME	OLD NAME
First Name	First Name
Middle Name/Initial	Middle Name/Initial
Last Name	Last Name

Please forward this completed and **signed** individual name change request, along with document verification to PVcoloradoinsurance@pearson.com

Document verification includes one of the following: current driver's license, marriage license, divorce decree, court order, SS card, or passport. **DO NOT SEND ORIGINALS.**

AGENCY NAME CHANGE REQUEST	
LICENSE NUMBER:	
NEW NAME	OLD NAME
Agency Name	Agency Name

Please forward this completed and signed agency name change request, along with a copy of articles of incorporation or new DBA filing showing name change to PVcoloradoinsurance@pearson.com.

CERTIFICATION OF INDIVIDUAL OR AUTHORIZED LICENSED PRODUCER (AGENCIES)	
I certify that the information given on and attached to this form is complete and correct.	
Signer's name (typed or printed)	
Signer's title (typed or printed)	
Signature	Date