



STATE OF CONNECTICUT

INSURANCE DEPARTMENT

REQUEST TO CHANGE RESIDENCY MOVING TO OR FROM CONNECTICUT

This form is only to be used if you are moving into or out of the State of Connecticut.

- Are you trying to change your Connecticut license from: Resident to Non-Resident status: Yes No
- Are you trying to change your Connecticut license from: Non-Resident to Resident status: Yes No

Select to [Update license Information \(address, email or individual name\)](#)

Note: You should contact your new resident state prior to making any changes to your Connecticut resident license. The new resident state may require a [Letter of Certification or Letter of Clearance](#) from Connecticut.

Licensee's Information - (Type or Print)

1. Individual or Business Entity Name: _____
2. National Producer Number (NPN): _____
3. Individual last 4 digits of SSN or Business Entity last 4 digits of FEIN: _____
4. Type of License (i.e. Producer, Adjuster): _____

Demographic Changes – (Type or Print)

1. Old Resident Address: _____
Street City State Zip Code
2. Old Business Name/Address: _____
Business Name

Street City State Zip Code
3. New Resident Address: _____
Street City State Zip Code
4. New Business Name: _____
Name
5. New Business Address*: _____
Street City State Zip Code
6. New Mailing Address: _____
Street City State Zip Code
7. Phone: () () ()
Resident or Cell Business Ext.
8. Email: _____
Email

IMPORTANT NOTE: If you do not have a resident license showing on NIPR/PDB within **90 days** of this request, your non-resident Connecticut license will be cancelled.

*The business address must be the physical location where you work.

Signature: _____ Date Signed: _____

Print Name: _____

Contact Phone Number: _____

Email (if different from above): _____

Email completed forms to: cid.licensing@ct.gov, Attn: Residency Change Request

Incomplete forms will not be updated.