



STATE OF CONNECTICUT

INSURANCE DEPARTMENT

Moving Into or Out of Connecticut (Residency Change Request Form)

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

- *If you are a Connecticut resident moving to another Connecticut address **or**
- * If you have a nonresident Connecticut license and are moving within your state or to another state (not Connecticut), please update your demographics directly on our website at: [Update license information \(address, email, or individual name\)](#)

1. Are you trying to change your Connecticut license from

Resident to Non-Resident

OR

Non-Resident to Resident

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](#). If you are trying to obtain a Letter of Clearance, email the Department at cid.licensing@ct.gov, Subject: Letter of Clearance.

Licensee's Information

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

Demographic Changes

- 6. New Resident Address: _____
- 7. New Business Name: _____
- 8. New Business Address : _____
- 9. New Mailing Address: _____
- 10. Phone: Resident or Cell _____ Business _____ Ext. _____
- 11. Business Email: _____ Personal Email: _____
- 12. The Following 4 questions must be answered *:

a. Do you currently have any complaints or actions (pending, active or recently disposed) against you by ANY Insurance Department in ANY State? *

Yes

No

If yes, please explain: _____

b. Do you currently have any complaints or actions (pending, active or recently disposed) against you by FINRA? *

Yes No

If yes, please explain: _____

c. Has any insurance company submitted an appointment termination *“for cause”* with them in the last 6 months? *

Yes No

If yes, please explain: _____

d. Do you currently have any criminal actions (pending, active or recently disposed) against you by ANY Insurance Department in ANY State? *

Yes No

If yes, please explain: _____

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.