



# 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: Before proceeding with this Residency Change Request form, please ensure you have contacted your new state of residence to determine if they require a Letter of Clearance.**

- Have you contacted your new state of residence? Yes or No
- Do they require a **Letter of Clearance\*** or a **Residency Change?**

*\*If a Letter of Clearance is required, please **do not proceed** with this form.*

*Instead, you must complete the [Letter of Clearance form](#).*

**Complete this form in its entirety and email to [cid.licensing@ct.gov](mailto:cid.licensing@ct.gov), Attn: "Residency Change".  
Incomplete forms will not be processed.**

#### 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 Mailing Address (if different from resident): \_\_\_\_\_
8. Phone: Home or Cell \_\_\_\_\_ Personal Email: \_\_\_\_\_
9. Name of Company/Business: \_\_\_\_\_
10. Business Address \*: \_\_\_\_\_
11. Business Phone: \_\_\_\_\_ Ext. \_\_\_\_\_ Business Email: \_\_\_\_\_

*\* The business address must be the physical location where your business operates.*

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: \_\_\_\_\_

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**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.

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Email (if different from above): \_\_\_\_\_