



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, 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 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.

Signature: _____ Date Signed: _____

Print Name: _____

Contact Phone Number: _____

Email (if different from above): _____