

Wyoming Insurance Department  
106 E. 6<sup>th</sup> Avenue  
Cheyenne, WY 82002

## Licensee Name Change Request Individual or Business Entity

**Instructions:** Please PRINT or TYPE the information requested below and submit the completed form to the Department at the address or fax number indicated below.

To complete a name change request, you must submit a copy of legal documentation of the name change (e.g. marriage license or court order). There is no fee associated with this request.

Licensee's Previous Name: \_\_\_\_\_

Licensee's New Name: \_\_\_\_\_

Wyoming License Number or NPN: \_\_\_\_\_ (Required)

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Effective Date of Name Change \_\_\_\_\_

\_\_\_\_\_ Legal documentation of name change is attached. Legal documentation includes:

- Court order or divorce decree
- Valid driver's license reflecting new name
- Marriage license or certificate
- If a business entity, a copy of the articles of name change

\_\_\_\_\_  
Licensee's Signature

\_\_\_\_\_  
Title (if for a business entity)

Filing Fee: None

Mail completed form to: Wyoming Insurance Department  
106 E. 6<sup>th</sup> Avenue  
Cheyenne, WY 82002

Or email to: [insurancelicensing@wyo.gov](mailto:insurancelicensing@wyo.gov)