



**FORM TO ADD FICTITIOUS/TRADING AS NAME**

**Business Entity**

**Individual**

**Please submit this completed form to the PA Insurance Department, along with a check or money order in the amount of \$25.00, payable to the Commonwealth of PA. Our mailing address is listed at the bottom of this letter.**

***Note: This form is only intended for use by individuals or business entities licensed by the PA Insurance Department.***

**LICENSE INFORMATION**

**Name as shown on current license:** \_\_\_\_\_

\_\_\_\_\_

**License Number:** \_\_\_\_\_

**List below any fictitious or trading as name(s) you wish to use:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please provide a current email or mailing address:**

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\_\_\_\_\_

\_\_\_\_\_

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Office of Market Regulation | Bureau of Licensing & Enforcement | Licensing Services Division  
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