

NAME CHANGE FORM FOR BUSINESS ENTITIES

Email this completed form to ra-inspecialty@mail.pa.gov

Name as it Appears on Current License:		Date:
*Federal Employer Identification Number:	License Number(s):	
Signature of Designated Licensee:	Printed Name of Designated Licensee:	
Email Address:	Phone Number:	

NAME CHANGE SECTION

New Full Legal Name:

Attachments Required:

Copy of Form W-9 issued by the Internal Revenue Services, US Dept of Treasury (www.irs.gov)

AND

PA Dept of State business entity registration or amendment confirmation (www.dos.pa.gov)

***If the agency's EIN has changed, DO NOT USE THIS FORM. Reapplication for a new business entity license is required. Visit our website at www.insurance.pa.gov/licenses for the proper application procedures.**