

Fax to (802) 828-1633 or Mail to:  
Vermont Department of Financial Regulation  
Attn: Producer Licensing Section 89 Main Street Montpelier, VT 05620-3101

## VERMONT ADDRESS CHANGE FORM

Date (MM, DD, YYYY)   /   /

Vermont License Number       Or NPN \_\_\_\_\_

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Last Name \_\_\_\_\_ Suffix \_\_\_\_\_

**NEW Business Address**

Tele: _____

**New Mailing Address**

Tele: _____

**New Residential Address**

Tele: _____

**OLD Mailing Address**


**OLD Residential Address**


Email Address \_\_\_\_\_@\_\_\_\_\_

Licensee Signature \_\_\_\_\_