



Louisiana Department of Insurance

Change of Record Form (Change of Name/Trade Name)

Submit via fax to (225) 342-3754 or by e-mail to producerlicensing@ldi.la.gov

SECTION #1- ADDING A TRADE NAME TO AN INDIVIDUAL/ENTITY LICENSE

Add Trade Name to Individual License Add Trade Name to Business Entity License

I presently hold license # _____ issued in the following name: _____

I wish to have my license record amended to indicate that I am authorized to use this **TRADE NAME**.

Print new Trade Name _____

Current mailing address _____
Street Address or P.O. Box City State Zip

Contact e-mail _____

Signature of licensee/Authorized entity personnel _____ Date _____

SECTION #2 – NAME CHANGE FOR AN INDIVIDUAL LICENSE ONLY

Proof of legal name change is required. A copy of an updated Driver's License name is acceptable.

I presently hold license # _____ issued in the following name: _____

I have changed my name to _____

Current mailing address _____
Street Address or P.O. Box City State Zip

Contact e-mail _____

Signature of Individual Changing Name _____ Date _____

SECTION #3 – NAME CHANGE FOR AN ENTITY

I presently hold license # _____ issued in the following name: _____

I have changed my name to _____

Current mailing address _____
Street Address or P.O. Box City State Zip

Contact e-mail _____

Signature of Authorized Agency Representative _____ Printed Name of Agency Representative _____ Date _____