



Designated Home State Request/Change Form ADJUSTERS ONLY

Name: _____

License Number: _____

National Producer Number (NPN): _____

Current Email Address: _____

Phone: _____ **Resident State:** _____

Previous Designated Home State: _____ **Current Designated Home State:** _____

Signature

Date

Please email or fax this form back to ALDOI at
Producerlicensing@insurance.alabama.gov or (334)-240-3282