

State of Alabama Department of Insurance Notice of Address Change

(Form AL-A)

Please use this form to report an address change. Note that according to Section 27-7-17(B), Code of Alabama 1975, a licensee is required to notify the Department of Insurance of an address change within 30 days of that change. Failure to comply with this statute results in a penalty of \$50.00.

Licensees are encouraged to report all address changes online at www.nipr.com; however, at this time NIPR is unable to process changes to **email** addresses without also changing other addresses.

PLEASE COMPLETE EACH SECTION OF THIS FORM – ALL INFORMATION IS REQUIRED UNLESS OTHERWISE NOTED

Licensee's Full Name: _____

National Producer #, SSN, or FEIN: _____

Alabama License #: _____

E-mail Address: _____

New E-mail Address: _____

Home Phone #: _____ (Individual Licensees Only)

Business Phone #: _____ Fax #: _____

Date of Request: _____

COMPLETE THE FOLLOWING IF APPLICABLE:

Home Address Change: _____

Business Address Change: _____

Licensee's mailing address must be provided below, even if it is the same as an address change indicated above. This will be the address to which all Producer Licensing documents will be mailed.

Mailing Address: _____

Mailing address is (Check One) Home _____ Business _____ Other _____

* Mail this request to: **AL DEPT OF INSURANCE
PRODUCER LICENSING DIVISION
P O BOX 303351
MONTGOMERY, AL 36130-3351**