

**CHANGE OF ADDRESS AND/OR NAME FORM**

PLEASE CHECK ONE:

- Adjuster
- Appraiser

Name (First, Middle Initial, Last) \_\_\_\_\_

Rhode Island License Number \_\_\_\_\_

**NEW RESIDENT ADDRESS INFORMATION**

Street Address \_\_\_\_\_

\_\_\_\_\_

City, State, Zip \_\_\_\_\_

Resident Tel. No. \_\_\_\_\_

**NEW EMPLOYER NAME AND ADDRESS INFORMATION**

Employer Name \_\_\_\_\_

Business Address \_\_\_\_\_

P.O. Box \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Bus. Tel. No. \_\_\_\_\_

*MAILING ADDRESS SHOULD BE (Please check)*

- Resident Address*
- Business Address*

\*\*Note: If a duplicate license is required the fee is \$25.00 and must be included with this form and the check should be made payable to "General Treasurer, State of Rhode Island. You can choose to subscribe to the Online Licensee Service (OLS) by accessing our website [www.dbr.state.ri.us](http://www.dbr.state.ri.us).