



Navigator/AO Service Request Form

INDIANA DEPARTMENT OF INSURANCE
311 W. Washington Street
Indianapolis, IN 46204-2787

FAX: 317-234-5882
EMAIL: navigator@idoi.in.gov

FROM:

Name of Navigator or Application Organization (AO):

Mailing Address (Street/PO Box):

City:	State:	Zip:	SSN/FEIN:	License #:
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MUST COMPLETE ALL THREE PARTS OF FORM AND SUBMIT TO EITHER CONTACT AT TOP OF FORM

PART ONE: OPTIONS

(choose one or more)

- | | |
|---|--|
| <input type="checkbox"/> 1. Change of Legal Name | <input type="checkbox"/> 6. Add/Remove/Update a Location of the AO |
| <input type="checkbox"/> 2. Add or Remove Alias/Other Name | <input type="checkbox"/> 7. Add/Remove a Certified Navigator or AO of the AO |
| <input type="checkbox"/> 3. Correct Social Security Number or FEIN or Date of Birth | <input type="checkbox"/> 8. Add/Remove Federal Navigator or CAC Number |
| <input type="checkbox"/> 4. Change of <u>Resident</u> Address and/or Phone Number | <input type="checkbox"/> 9. Request Cancellation of Navigator or AO License |
| <input type="checkbox"/> 5. Change of <u>Business</u> Address, Phone Number, and/or Fax | <input type="checkbox"/> 10. Add/Update E-mail Address |

PART TWO: INFORMATION REQUIRED

(complete corresponding section based on options selected in Part One)

1. **CHANGE OF LEGAL NAME** (Must attach copy of official legal documentation showing how and why name was changed, such as, for individuals, a marriage certificate, divorce decree, or court order showing name change, or, for business entities, a Certificate of Amendment or other signed documentation from the Secretary of State. Copies of driver's licenses, SSN cards, or other ID's will NOT be accepted.)

Current Name on Record (Last, First, Middle)

New Name to Appear on Record (Last, First, Middle)

2. **ADD OR REMOVE ALIAS/OTHER NAME** *Must notify IDOI before conducting business under name. Businesses must supply copy of Certificate of Amendment or other signed document from Secretary of State.*

NAME	(Check One)		(Check One)			
	Add	Remove	Assumed Business Name / DBA	Also Known As	Former Name	Other (specify type)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

3. **CORRECT SOCIAL SECURITY NUMBER or FEIN or DATE OF BIRTH TO:**
(You must attach copies of at least two (2) forms of identification confirming the number provided below)

4. **CHANGE OF RESIDENT ADDRESS AND/OR PHONE NUMBER** (check if this is Mailing address also)
State law requires you to notify the Department of a change of name or address within thirty (30) days of the change. Failure to do so may result in a \$100.00 penalty, revocation, suspension, or other disciplinary action. **If moving from one state to another, submitting this form does NOT change your license residency. You must submit a new application and fee to be issued a new resident or non-resident license.**

PRIOR RESIDENT ADDRESS (required)				NEW RESIDENT ADDRESS (required)			
Street Address				Street Address			
PO Box (If applicable)				PO Box (If applicable)			
City		State		City		State	
Zip	Phone Number			Zip	Phone Number		

5. **CHANGE OF BUSINESS ADDRESS AND/OR PHONE NUMBER** *(check if this is Mailing address also)*
 State law requires you to notify the Department of a change of name or address within thirty (30) days of the change. Failure to do so may result in \$100.00 penalty, revocation, suspension, or other disciplinary action.

PRIOR BUSINESS ADDRESS (required)			NEW BUSINESS ADDRESS (required)		
Business Name			Business Name		
Street Address:			Street Address		
City	State	Zip	City	State	Zip
Phone Number		Fax	Phone Number		Fax

6. **ADD/REMOVE/UPDATE A LOCATION OF THE APPLICATION ORGANIZATION (AO):**

Name of Location	Address (Street, City, State, Zip)	Telephone	Email	Check One		
				Add	Remove	Update
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. **ADD/REMOVE ASSOCIATED CERTIFIED NAVIGATOR OR AO OF APPLICATION ORGANIZATION (AO):**

Name	License Number	Check One		Check One	
		Add	Remove	Nav	AO
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. **ADD/REMOVE FEDERAL NAVIGATOR OR CERTIFIED APPLICATION COUNSELOR (CAC) ID NUMBER:**

(check all that apply)	ID Number	Add	Remove
<input type="checkbox"/> Federal Navigator		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Certified Application Counselor (CAC)		<input type="checkbox"/>	<input type="checkbox"/>

9. **REQUEST CANCELLATION OF NAVIGATOR OR AO LICENSE NUMBER:** _____
 By signing this document the Navigator or Application Organization (AO) attests to no longer perform the functions of a Navigator or AO under IC 27-19 in the State of Indiana. **Should the Navigator or AO require the cancelled license in the future, they would need to complete all initial licensing requirements.**

10. **ADD/UPDATE E-MAIL ADDRESS**

Personal Email Address: _____

Business Email Address: _____

PART THREE: SIGNATURE

(The Navigator or Designated/Responsible Navigator of AO must sign this form certifying information is correct)

 Signature of Navigator or Designated/Responsible Navigator

 Date

 Print Name of Navigator or Designated/Responsible Navigator

 Contact Email

MUST COMPLETE ALL THREE PARTS OF FORM AND SUBMIT TO EITHER CONTACT AT TOP OF FORM

RENEWAL NOTICES: IDOI emails courtesy renewal notices via Sircon to the Navigator or AO's business email on record approximately sixty (60) days prior to a license expiration date. If for any reason a Navigator or AO does not receive a renewal email invoice, it is still the Navigator or AO's responsibility to renew at www.sircon.com within those 60 days.