



# Navigator/AO Service Request Form

INDIANA DEPARTMENT OF INSURANCE  
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 Indianapolis, Indiana 46204-2787

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 EMAIL: [navigator@idoi.in.gov](mailto:navigator@idoi.in.gov)

**READ CAREFULLY BEFORE PROCEEDING!** This form is to be used by licensed Navigators and Application Organizations (AOs) only and *will not* be processed for any other license types. Producers, Adjusters and Bail/Recovery Agents *must* use the Service Request Form posted online at [www.in.gov/idoi/2450.htm](http://www.in.gov/idoi/2450.htm).

**FROM:**

Name of Navigator or Application Organization (AO):			
Mailing Address (Street/PO Box):			
City:	State:	Zip:	State License #:

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

**PART ONE: OPTIONS**

(select one or more)

- |  |  |
|--|--|
| <input type="checkbox"/> 1. Change of Legal Name                                   | <input type="checkbox"/> 6. Change <u>Business</u> Address, Telephone and/or Fax |
| <input type="checkbox"/> 2. Add or Remove Other Name                               | <input type="checkbox"/> 7. Add or Remove a Location of the AO                   |
| <input type="checkbox"/> 3. Correct SSN, DOB, or FEIN                              | <input type="checkbox"/> 8. Add or Remove a Navigator to or from the AO          |
| <input type="checkbox"/> 4. Cancel Navigator or AO License                         | <input type="checkbox"/> 9. Add or Remove Federal Navigator or CAC Number        |
| <input type="checkbox"/> 5. Change <u>Resident</u> Address and/or Telephone Number | <input type="checkbox"/> 10. Add or Update E-mail Address                        |

**PART TWO: INFORMATION REQUIRED**

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

1.  **CHANGE OF LEGAL NAME.** Must include a copy of official legal documentation showing the name change. For an individual, this includes a marriage certificate, divorce decree or court order showing name change. For a business entity, this includes a Certificate of Amendment or other signed document from the Secretary of State.

\_\_\_\_\_ Current Name on Record (Last, First, Middle)

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

2.  **ADD OR REMOVE OTHER NAME.** *For Business Entities Only.* Must include a copy of the Certificate of Assumed Business Name or other signed document from the Secretary of State showing alias/other name.

NAME	<b>(Check One)</b>		<b>(Check One)</b>			
	<i>Add</i>	<i>Remove</i>	<i>Alias</i>	<i>Also Known As</i>	<i>Doing Business As</i>	<i>Former Name</i>
	<input type="checkbox"/>					
	<input type="checkbox"/>					

3.  **CORRECT SOCIAL SECURITY NUMBER (SSN), DATE OF BIRTH (DOB), OR FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN) TO THE FOLLOWING:**  
 (Must include copies of at least two (2) documents confirming the number provided)
- \_\_\_\_\_

4.  **CANCEL NAVIGATOR OR APPLICATION ORG (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 in the State of Indiana under IC 27-19. **Should the Navigator or AO require the cancelled license in the future, all initial licensing requirements must be completed again.**

5.  CHANGE RESIDENT ADDRESS AND/OR TELEPHONE NUMBER  (check if this is Mailing address also)

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:	Telephone #:	Zip:	Telephone #:

6.  CHANGE BUSINESS ADDRESS, TELEPHONE AND/OR FAX  (check if this is Mailing address also)

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

7.  ADD OR REMOVE A LOCATION OF THE APPLICATION ORGANIZATION (AO):

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

8.  ADD OR REMOVE ASSOCIATED NAVIGATOR TO OR FROM AN APPLICATION ORGANIZATION (AO):

Name of Navigator	License Number	Check One	
		Add	Remove
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

9.  ADD OR REMOVE FEDERAL NAVIGATOR OR CERTIFIED APPLICATION COUNSELOR (CAC) 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"/>

10.  ADD OR UPDATE E-MAIL ADDRESS:

Business E-mail Address: \_\_\_\_\_

Personal E-mail Address: \_\_\_\_\_

**PART THREE: SIGNATURE**

Must be signed by the Navigator or an authorized representative of the Application Organization (AO). Any omission or false statement may result in denial of request, or denial, suspension or revocation of license.

\_\_\_\_\_  
Signature of Navigator or Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print or Type Name of Navigator or Authorized Representative

\_\_\_\_\_  
Contact Email