



MISSOURI DEPARTMENT OF INSURANCE,  
FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION  
LICENSING SECTION

**CHANGE OF SURETY RECOVERY AGENT STATUS**

P.O. BOX 690 OR  
P.O. BOX 4001 FOR CORRESPONDENCE WITH FEES  
JEFFERSON CITY, MISSOURI 65102  
TELEPHONE: (573) 751-3518

*THIS FORM MAY BE DUPLICATED*

**INSTRUCTIONS**

PLEASE TYPE OR PRINT IN INK.

ENCLOSE A \$10.00 FEE IF YOU WANT A LICENSE SHOWING THE CHANGES INDICATED BELOW. PERSONAL CHECKS NOT ACCEPTED.  CHECK BOX IF YOU ARE ENCLOSING THE \$10 FEE.

SOCIAL SECURITY/LICENSE NUMBER	LEGAL LAST NAME	FIRST NAME	MIDDLE NAME	<input type="checkbox"/> Jr.
				<input type="checkbox"/> Sr.

**CHANGE OF ADDRESS** (Notification required within 30 days of change)

**NEW RESIDENCE ADDRESS (Required)**

STREET ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE)	CITY	STATE	ZIP	HOME PHONE NUMBER

**NEW MAILING ADDRESS (Optional)**

STREET ADDRESS/P.O. BOX	CITY	STATE	ZIP

**NEW BUSINESS ADDRESS (Required)**

STREET ADDRESS	CITY	STATE	ZIP	BUSINESS PHONE NUMBER

**CHANGE OF NAME (Please Attach Documentation)**

**PREVIOUS NAME**

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**NEW NAME**

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ORIGINAL SIGNATURE OF SURETY RECOVERY AGENT (REQUIRED FOR ALL ABOVE CHANGES)	DATE