



ARKANSAS INSURANCE DEPARTMENT
1 COMMERCE WAY, SUITE 104
LITTLE ROCK AR 72201
PHONE: 501-371-2750

WEBSITE: WWW.INSURANCE.ARKASNAS.GOV/LICENSE/DIVPAGE.HTM

Change from Nonresident to Resident
(Print or Type)

YOU MUST CONTACT YOUR FORMER HOME STATE AND CHANGE YOUR FORMER RESIDENT STATE LICENSE TO A NONRESIDENT OR SURRENDER THE LICENSE IF YOU NO LONGER DESIRE TO BE LICENSED IN THE FORMER STATE. THE ARKANSAS DEPARTMENT WILL ELECTRONICALLY VERIFY THE STATUS OF THE FORMER STATE STATUS.

Date: _____

Current Arkansas Nonresident License # _____

Name: _____

I am currently a resident of _____ but I have moved to Arkansas and wish to change my nonresident license to an Arkansas resident license. My resident license in the other state has been active within the last 90days.

Signed: _____

Addresses: You are required to complete the mailing and physical address (even if you cannot receive mail at the resident address. Please complete the following: If something does not apply please put N/A.

New Mailing Address:

Street Number or P.O. Box _____ City _____ Zip _____

New Physical Address:

Street Number or Route # _____ City _____ Zip _____

New Business Address: (if applicable)

Street Number or P.O. Box _____ City _____ Zip _____

Contact Phone Number: _____ Home Phone Number: _____

Business Phone Number: _____ Fax Number: _____

Email Address: _____