



1201 Main Street, Suite 1000
Columbia SC 29201
P. O. Box 100105
Columbia SC 29202-3105
Telephone: (803) 737-6193

Individual Address Change Request Form

- This form may be mailed to either address listed above or attached to an email to be sent to agntmail@doi.sc.gov.
- Please note that this form is not to be used if the resident state is changing to or from South Carolina.
- Digital signatures will not be accepted.
- It is only necessary to provide the information that is changing. If the field is not changing, it may be left blank.

Individual Name _____

SC License Number _____ **OR** NPN _____

Resident Address (No PO Box) _____

Phone Number _____ Personal Email _____

Mailing Address _____

Business Address _____

Business Phone _____

Business Fax _____

Business Web Site _____

Business Email _____

Signature _____