

# Agent/Agency Data Request Form (ADR)

*If you and/or your agency would like to be appointed to do business with Delta Dental of Virginia, please complete this form, include a copy of your Virginia Health Insurance License, and return to the address or fax number below. A form must be completed for each agent who wishes to be appointed. If commission is being paid directly to the agency, also complete the agency section below.*

**Please note: You must hold a valid Virginia license to become appointed with Delta Dental of Virginia.**

Agent's Name (as licensed)			Virginia License Number		
			Social Security Number		
			Date of Birth		
Correspondence Address			Physical Address		
City	State	ZIP	City	State	ZIP
Business Phone ( )	Fax Number ( )		Home Address		
Email Address			City	State	ZIP
Do you currently have a group application pending with Delta Dental? _____ Yes _____ No					
If yes, Group Name _____ Effective Date _____					
Commissions Payable To _____ Agent _____ Agency (if agency, complete below)					
Agency Name (as licensed)			Tax ID		
Send commission statements via _____ Mail _____ Email					
Email Address					
Correspondence Address			Physical Address		
<p><b>Please mail or fax completed form to:</b>                  Delta Dental of Virginia                  Attn: Marketing Administration                  4818 Starkey Road, Roanoke, Virginia 24018                  Phone 540.989.8000 or 888.335.8216 • Fax 540.774.7574</p>					

**DDVA USE ONLY**

Verification from VA Bureau of Insurance (Roanoke Office)

Type of License	Effective Date	Date Verified
_____	_____	_____
_____	_____	_____
_____	_____	_____