

STATE OF ALABAMA – DEPARTMENT OF INSURANCE

**Request to Voluntarily
Cancel or Surrender License**

Please use this form to voluntarily cancel or surrender your license. Please note this form only cancels your license, effective the date we receive notice. It does not clear your license for a Clearance Letter. Producers and Service Representatives have 12 months from the date in which the license was canceled to have this license reissued. Producers and Service Representatives should contact the Alabama Department of Insurance prior to that time to have a license reissued.

PLEASE CLEARLY PRINT OR TYPE ALL INFORMATION IS REQUIRED

Licensee's Full Name: _____

National Producer #, SSN, or FEIN: _____

Alabama License #: _____

PLEASE CHECK WHAT TYPE OF LICENSE YOU WANT TO CANCEL BELOW:

- | | |
|---|--|
| <input type="checkbox"/> Producer | <input type="checkbox"/> Title Insurance Agent |
| <input type="checkbox"/> Service Representative | <input type="checkbox"/> Adjuster |
| <input type="checkbox"/> Business Entity Producer | <input type="checkbox"/> Surplus Line Broker |
| <input type="checkbox"/> Temporary | |

I hereby request the cancellation of my license effective immediately. I understand this license may be reissued within 12 months without having to re-take the prelicensing course or the examination, but I would have to address any outstanding issues, such as continuing education or address change violations, before the license can be reissued.

Signature

Date