

FORM L-CLR



REQUEST FOR LETTER OF CLEARANCE

LICENSING

602-364-4457 | insurancelicensing@difi.az.gov

Must be completed by the licensee or the designated responsible producer (DRLP) of a business entity.

Section 1 Information About the License Holder

License holder is (check one box): <input type="checkbox"/> an INDIVIDUAL <input type="checkbox"/> a BUSINESS ENTITY		AZ LICENSE NO. (AZ license holder)	
STATE TO WHICH LICENSEE IS RELOCATING	If the license holder is a BUSINESS ENTITY, enter the name (otherwise leave blank):		
<ul style="list-style-type: none"> If the license holder is an INDIVIDUAL, enter information for that individual below. If the license holder is a BUSINESS ENTITY, enter information for the designated responsible producer (DRLP) below. 			
FULL LAST NAME	FULL FIRST NAME	MIDDLE INITIAL	AZ LICENSE NO. (if applicable)

Section 2 Reason For the Request (Select either Box A or Box B)

A I AM RELOCATING TO ANOTHER STATE and would like to change from being a resident licensee in Arizona to being a *non-resident licensee* in Arizona. *Please provide your new contact information below.*

BUSINESS ADDRESS	BUSINESS NAME (if applicable)	PHONE NUMBER (with area code)		
	PHYSICAL STREET ADDRESS	CITY	STATE	ZIP CODE
MAIL ADDRESS	BUSINESS NAME (if applicable)	BUSINESS EMAIL ADDRESS		
	STREET ADDRESS OR PO BOX	CITY	STATE	ZIP CODE
HOME ADDRESS <i>(if INDIVIDUAL license holder)</i>	PHYSICAL STREET ADDRESS	CITY	STATE	ZIP CODE
	HOME EMAIL ADDRESS	PHONE NUMBER (with area code)		

B I AM SURRENDERING MY ARIZONA LICENSE. Pursuant to A.R.S. § 20-289(F), I understand that I will need to meet all new applicant requirements to obtain this authority in the future.

Section 3 How would you prefer to receive your clearance letter?

<input type="checkbox"/> OPTION 1 – \$3.00: EMAIL to the following address:	EMAIL ADDRESS:
<input type="checkbox"/> OPTION 2 – \$3.00: MAIL to the following address:	
STREET ADDRESS OR PO BOX	CITY STATE ZIP CODE
<input type="checkbox"/> OPTION 3 – FREE: I am only reporting the surrender of my license and do not require a paper certification letter.	
PAYMENT (Do not send cash. We do not accept cash): • Check, Cashier's Check or Money Order payable to INSURANCE LICENSING SECTION	Number of Letters requested:
	Total Enclosed: x \$ 3.00 \$

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Section 4**Signature**

If I selected option A in section 2 above, I understand that my Arizona license will be INACTIVATED when this request is processed. I also understand that I have 30 days from the date of my signature to apply for licensure in my new resident state and that when I receive my new resident license in my new resident state, I must immediately notify the Arizona Department of Insurance and Financial Institutions that the new resident license has been issued by sending an email to insurancelicensing@dif.az.gov. If I do not report the new resident license within 30 days of issuance, I understand that I will be required to apply for a new license and pay all new license application fees.

_____
SIGNATURE OF LICENSEE OR DRLP_____
DATE