



LETTER OF CLEARANCE REQUEST FORM

FEE IS \$25.00 PER REQUEST.

INCLUDE CHECK OR MONEY ORDER MADE PAYABLE TO: *COMMONWEALTH OF PA*

THIS FORM MUST BE SIGNED BELOW BY THE LICENSEE.

FORM MUST BE PRINTED OR TYPED WITH BLUE OR BLACK INK.

This form amends your license by changing the status to inactive. Only resident individual licensees should request a letter of clearance which is used to obtain a resident license in another state.

Name (as shown on PA license) _____

Signature of licensee (required to inactivate license) _____

PA Insurance Department License Number _____

National Insurance Producer Number (if known) _____

Licensee Phone Number () _____

Please note that we report license inactivation data to the NAIC producer database. If your new home state does not require a clearance letter from the PA Insurance Department, you may simply voluntarily surrender your PA resident license. If this applies to you, please check here:

If an actual letter is required, our preference is to email the letter to you. Please provide an email address where the clearance letter is to be sent:

If you do not have an email address, we will mail the clearance letter to you. Please provide your mailing address below (note: we will not mail clearance letters to another state insurance department).
