

CLEARANCE LETTER REQUEST
Section 1751(k) of the California Insurance Code

Please contact your new resident state in order to confirm whether or not a clearance letter is required. If your new resident state requires a clearance letter, you will need to complete and submit this form. Please be advised that the issuance of a clearance letter **cancels** your license in California.

All information requested on this form is **required** or the request will not be processed. This request is only valid for individuals who hold a California resident insurance license issued by the California Department of Insurance.

California Insurance License Number: _____

Name of the state in which you wish to be licensed: _____

Licensee's Name: _____
Last First Middle

Address where the Clearance Letter will be mailed:

Street City State Zip

LICENSEE'S CERTIFICATION: I certify (or declare) under penalty of perjury, under the laws of the State of California, that I am the licensee requesting the Clearance Letter. Pursuant to California Insurance Code Section 1751(k), I authorize the California Department of Insurance to issue a Clearance Letter and cancel my California license upon issuance of the Clearance Letter.

Licensee's Signature: _____
Date

There is a \$32 for each clearance letter requested. Send this form along with a check or money order made payable to the California Department of Insurance to:

California Department of Insurance
P.O. Box 1139
Sacramento, CA 95812-1139

Please allow two weeks from the date your check is cashiered for the issuance of the Clearance Letter.

If you have any questions, please call the Licensing Hotline at (800) 967-9331, fax your questions to (916) 327-6907, or mail your concerns to the California Department of Insurance, 320 Capitol Mall, Sacramento, CA 95814.