

Producer Licensing Bureau
320 Capitol Mall
Sacramento, CA 95814-4309
(800) 967-9331
www.insurance.ca.gov



Clearance Letter Request
California Insurance Code Section 1751(k)

This request is for California resident licensees, individual or business entities, who are moving to a new resident state that requires a clearance letter. Please be advised, the issuance of a clearance letter cancels your California insurance license.

Note: A fee of \$32, payable to the California Department of Insurance, is due for each clearance letter requested.

Instructions: All entries, if not typewritten, must be legible.

Licensee's Name or Business Entity Name	
California License Number	Name of State in which you wish to be licensed
Address OR Email address where the Clearance Letter is be sent - Only enter <u>one</u> address	
City, State, Zip Code:	

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

Signature

Officer Name and Title (for a business entity only)

Date (mm/dd/yyyy)

City

State

Phone #

Mail form and the current fee of \$32 to:

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

For questions, please call the California Department of Insurance **Licensing Hotline** at 800-967-9331 or send an **email** to the licdocuments@insurance.ca.gov link.