



Licensing Section
Arizona Department of Insurance
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Form L-CLR: CLEARANCE LETTER REQUEST

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

SECTION 1: Information about the license holder				
License holder is (check one): <input type="checkbox"/> an INDIVIDUAL / <input type="checkbox"/> a BUSINESS ENTITY				
Arizona insurance license number of the license holder		State to which the licensee is relocating		
If the license holder is a BUSINESS ENTITY, enter the name; otherwise, leave blank.				
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 (DRP) below.				
FULL Last Name:	FULL First Name:	FULL Middle Name:	AZ Insurance License #	
SECTION 2: Clearance Letter delivery method				
<input type="checkbox"/> OPTION 1 - \$3.00: CALL when ready for pickup		Area Code, Phone Number:	Extension:	
<input type="checkbox"/> OPTION 2- \$3.00: MAIL to the following address (entered below):				
Street Address or PO Box	City	State	ZIP Code	
<input type="checkbox"/> OPTION 3 - FREE: I am only reporting the cancelation of my license and do not require a paper Certification Letter.				
Signature of Licensee or DRP:		Date:		
SECTION 3: Reason for the Request: CAREFULLY select either Box A or Box B				
<input type="checkbox"/> 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.				
	Street Address*	City	State	ZIP Code
Physical Business Address <i>(*include business name if applicable to the address):</i>				
Mailing Address <i>(*include business name if applicable to the address):</i>				
Physical Residence Address <i>(if license holder is an INDIVIDUAL):</i>				
New Business Phone Number <i>(with area code and ext.):</i>		New Residence Phone Number:		
<input type="checkbox"/> B. I AM SURRENDERING MY ARIZONA LICENSE. I understand that I will not be allowed to reapply for an Arizona Insurance license for at least one year after the surrender date per ARS § 20-289(F).				

If you mailed this form, please allow one to three weeks for processing