



**ARIZONA INSURANCE LICENSING SECTION**  
2910 NORTH 44TH STREET, SUITE 210  
PHOENIX, ARIZONA 85018-7269  
Phone: 602-364-4457 • Fax: 602-364-4460  
[www.azinsurance.gov](http://www.azinsurance.gov)

## LETTER OF CERTIFICATION REQUEST (Form L-CRT)

Instead of requesting a Letter of Certification, we recommend that the public and the insurance industry conduct a "license search," available at no charge from the Department of Insurance web site ([www.azinsurance.gov](http://www.azinsurance.gov)). The online license search provides the most up-to-date information available.

For a Letter of Certification, complete this form; enclose a check or money order for the "total due" calculated in Section B; and, either enclose a self-addressed, stamped envelope or indicate that you will be picking up the document(s) when they are ready.

### A. INFORMATION ABOUT THE LICENSEE:

AZ Insurance License Number:		<b>NOTE:</b> You can only request a Letter of Certification concerning an <b>Arizona-resident</b> licensee.	
If licensee is an <b>INDIVIDUAL:</b>	Last Name:	First Name:	Middle Name:
<b>OR</b>			
If licensee is a <b>BUSINESS ENTITY:</b>	Full Name:		

### B. INFORMATION ABOUT YOUR REQUEST:

Quantity of LETTERS OF CERTIFICATION:	_____
Fee per LETTER OF CERTIFICATION:	<u>    \$3.00    </u>
Total Due:	_____
<input type="checkbox"/>	Send the document(s) by mail. I have included a self-addressed stamped envelope.
<input type="checkbox"/>	I will pick up the document(s) in person. Call me when the document(s) are ready.

### C. INFORMATION ABOUT YOU (THE REQUESTER):

Your Name:		Your Area Code and Phone Number:	
Your Address	City:	State:	ZIP Code:
Your E-mail Address:			