



**Licensing Section**

**Arizona Department of Insurance**

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Phone: (602) 364-4457 | Toll-free: (877) 660-0964

Web: <https://insurance.az.gov> | E-mail: [Licensing@azinsurance.gov](mailto:Licensing@azinsurance.gov)

**Form L-CRT: LETTER OF CERTIFICATION REQUEST**

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 (<https://insurance.az.gov>). The online search provides the most up-to-date information.

To request a Letter of Certification, complete this form; enclose a check or money order for the “total due” calculated in Section 2; and, either enclose a self-addressed, stamped envelope or indicate that you will be picking up the document(s) when they are ready.

<b>SECTION 1. Information about the licensee</b>			
AZ Insurance License Number:		<b>NOTE:</b> You can only request a Letter of Certification for an <b>Arizona-resident</b> licensee.	
For an <b>INDIVIDUAL:</b>	Last Name:	First Name:	Middle Name:
For a <b>BUSINESS ENTITY:</b>	Full Name:		
<b>SECTION 2: Information about your request</b>			
How many Letters of Certification would you like to receive concerning the licensee named in Section 1?			Quantity:
Fee per Letter of Certification:			<b>\$3.00</b>
<b>AMOUNT DUE</b> (must be submitted with this form):			
<b>SECTION 3: Letter of Certification delivery method</b>			
<input type="checkbox"/> Send by mail. I have provided a self-addressed stamped envelope.			
<input type="checkbox"/> I will pick up in person. Call when ready.			
<b>SECTION 4: Information about you (the requester)</b>			
Name:		Area Code and Phone Number:	
Address	City:	State:	ZIP Code:
E-mail Address:			

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