

## Louisiana Department of Insurance License Surrender and Letter of Clearance

Submit via fax to (225) 342-3754 or by e-mail to <a href="mailto:producerlicensing@ldi.la.gov">producerlicensing@ldi.la.gov</a>

LICENSEE INFORMATION			
Producer Adjuster		Resident	Nonresident
Name	Louisiana License	Number	
NPN( if known)	Contact Number		
Business email	Personal email		
REQUEST TO SURRENDER LICENSE			
I am requesting the cancellation of my Louisiana insurance license.			
Signature of Licensee			Date
Title of signer, if licensee is a business entity			
Title of signer, if licensee is a business entity			
REQUEST FOR LETTER OF CLEARANCE			
I am requesting the issuance of a letter of clearance. I am a Louisiana resident and am moving to another state. I am aware that the issuance of a letter of clearance will cancel my resident license in the state of Louisiana. I understand that I may have my license re-activated as a nonresident by submitting a written request within 30 days of the date my resident license was cancelled along with evidence that I have become licensed as a resident in my new home state. I understand that after 30 days, I would need submit a nonresident application and fees to become relicensed.			
Send clearance letter via e-mail to the following address			
Mail hard copy to			
Signature of Licensee			Date

Cancel/LCLEAR Rev. May 2016