

## Letter of Clearance Request

Name as it Appears on License			License Type
National Producer Number (NPN)			WY License Number
Email Address			Telephone Number
New Residential Address:	City	State	Zip
Signature of Licensee			Date

- Processing of a request for a Letter of Clearance will inactivate my Wyoming resident insurance license. This is considered a Voluntary Cancellation or Surrender of my resident license.
- A license must be active and in good standing in order for the Department to issue a Letter of Clearance.
- If my license terminates for failure to renew prior to submission of this cancellation request, the failure to renew will supersede the cancellation and the request will not be processed.
- As of the date of cancellation, I will no longer have a license to conduct the business of insurance in Wyoming and may no longer act as, or hold myself out to be, an insurance producer, adjuster or other licensee. I may not apply for, procure, negotiate for, or place for others, any policies for any line of insurance or investigate, negotiate or settle any insurance claims or otherwise transact the business of insurance. The cancellation does not release me or the firm from the results of any pending or future administrative actions, including revocation or suspension of my license privileges, fines imposed, or other penalties imposed due to my or the firm's conduct as a licensee during the time the license was valid.
- Cancellation of the license inactivates any company appointment I may have with any insurance company and any affiliations between me and any firms. I agree to notify my appointing companies of this cancellation.
- I may apply for a nonresident Wyoming license upon attaining a resident license in my new state.
- I have retained a copy of this request for my records.

Please submit form to: [insurancelicensing@wyo.gov](mailto:insurancelicensing@wyo.gov)