

Wyoming Insurance Department  
106 E. 6<sup>th</sup> Avenue  
Cheyenne, WY 82202  
307-777-7319

## Voluntary Surrender Request Individual or Business Entity

By signing below, I request that the Wyoming Insurance Department inactivate the Wyoming insurance license indicated. I understand that:

- Voluntary Surrender 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.
- As of the date of surrender, I or the firm 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 in Wyoming. I or the firm 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.
- Surrender of the license inactivates any appointment I or the firm may have with any insurance company and any affiliations between me and the firms. I agree to notify my appointing companies of this action.
- I understand if the license terminates for failure to renew prior to submission of this surrender request, the failure to renew will supersede the surrender and the request will not be processed.
- If requesting surrender of a firm license, I acknowledge that I have the authority to execute this request as I am a Designated Responsible Producer affiliated with the firm.
- I have retained a copy of this request for my records.

Name as it Appears on License	License Type
National Producer Number (NPN)	WY License Number
Email Address	Telephone Number
Signature of Licensee or Designated Licensed Producer	Date
Name of Signer	

Please submit form to:

[insurancelicensing@wyo.gov](mailto:insurancelicensing@wyo.gov)