



ARIZONA INSURANCE LICENSING SECTION
 2910 NORTH 44TH STREET, SUITE 210
 PHOENIX, ARIZONA 85018-7269
 www.azinsurance.gov

**LETTER OF CLEARANCE
 REQUEST (Form L-CLR)**

Only the licensee or the designated responsible producer (DRP) of a business entity may request a Letter of Clearance.

License holder is (check one): an **INDIVIDUAL** / a **BUSINESS** entity

If the license holder is a BUSINESS, enter the name; otherwise, leave blank.		If license holder is a BUSINESS, enter the AZ License #; otherwise, leave blank:	
If the license holder is an INDIVIDUAL, enter information for that individual below. If the license holder or applicant is a BUSINESS, enter information for the designated responsible producer (DRP) below.			
FULL Last Name:	FULL First Name:	FULL Middle Name:	The AZ License # of the licensed individual or DRP:
Number of Printed Letters of Clearance:	Total Fee to Enclose: X \$3.00 =	Signature of Licensee or DRP:	Date:
How should we provide the Letter(s) of Clearance?			
<input type="checkbox"/> CALL WHEN READY FOR PICKUP Area Code and Phone:	OR	<input type="checkbox"/> SEND IN THE MAIL	

Check either **Box A** or **Box B** as the reason for requesting a Letter of Clearance.

A. I AM RELOCATING TO ANOTHER STATE and would like to change from being a resident licensee in Arizona to being a non-resident licensee in Arizona.

1. **Include \$3.00** (check or money order to INSURANCE LICENSING SECTION) for each printed Letter of Clearance. Do not include a payment if you do not need a printed Letter of Clearance. Arizona does not charge a fee for you to change from a resident to a non-resident licensee. ARS § 20-287(B).
2. **Report your new addresses** within 30 days of relocating. ARS § 20-286(C).

Check only one

NEW ADDRESSES:	Street Address*	City	State	ZIP Code
Physical Business Address (*include business name if applicable to the address):				
Mailing Address (*include business name if applicable to the address):				
Physical Residence Address				
New Business Phone Number:		New Residence Phone Number:		

3. **Notify us in writing within 30 days of obtaining your resident license in your new home state.** ARS § 20-287. Either e-mail us at licensing@azinsurance.gov, fax us at (602) 364-4460, or mail your written notification to the address shown at the top of this form.

B. I AM SURRENDERING MY ARIZONA LICENSE and I will not be eligible to be re-licensed in Arizona for at least one year.

1. **Include \$3.00** (check or money order to INSURANCE LICENSING SECTION) for each printed Letter of Clearance.
2. **Complete and include Form L-SURR** available from the PRODUCERS page of the Department of Insurance web site (www.azinsurance.gov).

Please allow up to two weeks for processing