



**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:	
<b>If the license holder is an INDIVIDUAL, enter information for that individual below.</b> <b>If the license holder or applicant is a BUSINESS, enter information for the designated responsible producer (DRP) below.</b>			
FULL Last Name:	FULL First Name:	FULL Middle Name:	The AZ License # of the licensed individual or DRP:
Signature of Licensee or DRP:		Date:	State that you are relocating to:
<b>How should we provide the Letter(s) of Certification?</b>			
<input type="checkbox"/> CALL WHEN READY FOR PICKUP Area Code and Phone:	<b>OR</b>	<input type="checkbox"/> SEND IN THE MAIL Address:	

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.

- **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).

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:		

**B. I AM SURRENDERING MY ARIZONA LICENSE**

1. **Include \$3.00** (check or money order to INSURANCE LICENSING SECTION) **for each printed Letter of Clearance.**
2. I am surrendering my Arizona insurance license and I understand that I shall be prohibited from reapplying for any Arizona Insurance license for the period of at least one year after the surrender date per ARS § 20-289(F).

If mailed in, please allow two to four weeks for processing