



INSURANCE LICENSING SECTION

2910 North 44th Street, Suite 210 • Phoenix, Arizona 85018-7269

Web: www.azinsurance.gov • Phone: (602) 364-4457

FORM L-SURR: VOLUNTARY SURRENDER OF INSURANCE LICENSE

IMPORTANT: If you are moving from Arizona and wish to convert your Arizona resident license to an Arizona non-resident license, DO NOT COMPLETE THIS FORM. Complete Form L-CLR instead. **If you complete this form, you will not be able to reapply for the license (as a resident or nonresident) for at least one year after the date of surrender. ARS § 20-289(F).**

- Print or type all information except your signature.
- If the licensee is an individual, the licensee must complete and sign this form.
- If the licensee is a business entity, the “designated responsible license producer” (DRLP) or a member, officer or director of the licensee must complete and sign this form on behalf of the licensee.

1a. If a business entity - Full (Genuine) Name of Business Entity			License Number		
1b. If an individual - Last Name		First Name	Middle Name	License Number	
2. Mailing Address			City	State	Zip Code
3. E-mail Address (optional)				4. Area Code/Phone #	
5. Are you licensed in Arizona as a ‘resident’ or ‘non-resident’?					
<input type="checkbox"/> RESIDENT (go to # 6) <input type="checkbox"/> NON-RESIDENT (skip # 6, go to # 7)					
6. (For Arizona residents only – non-residents skip and go to #7). Do you want to remain licensed in Arizona (become licensed as a non-resident) after relocating to another state?					
<input type="checkbox"/> YES – DO NOT SUBMIT THIS FORM. Instead, complete and submit Form L-CLR <input type="checkbox"/> NO – You will not be allowed to reapply for any insurance professional license for at least one year after the surrender date.					
7. What insurance license authority do you want to surrender?					
<input type="checkbox"/> THE ENTIRE LICENSE. You will not be allowed to reapply for any type of Arizona insurance professional license for at least one year after the surrender date.					
OR					
<input type="checkbox"/> ONLY THE LINES OF AUTHORITY LISTED BELOW. You will not be allowed to reapply for these lines of authority for at least one year after the surrender date.					
_____		_____			
_____		_____			

ATTESTATION FOR SURRENDER OF LICENSE

By my signature below, I signify that I am surrendering one or more lines of insurance from my insurance license or my entire insurance license as indicated by my foregoing response and I understand that I shall be prohibited from reapplying for the surrendered lines of authority or license for the period of at least one year after the surrender date per ARS § 20-289(F).

Licensee’s signature

Date