



Department of Insurance

Agent Licensing Division
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 502-564-6004
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<http://insurance.ky.gov>

CERTIFICATION / CLEARANCE LETTER REQUEST

PLEASE ISSUE THE FOLLOWING:

Indicate number of letters needed AND submit \$5.00, per letter

CERTIFICATION LETTER

(Indicates the active license status of an individual or business entity in Kentucky).

CLEARANCE LETTER

(Indicates that the individual or business entity is not currently licensed in Kentucky). Please attach the Voluntary Surrender Form if license is currently active.

Please list the name of individual or business entity for which the Certification/Clearance letter is being requested:

Full Name of Individual	Social Security Number
Business Entity	FEIN #

Number of copies at \$5.00 per copy/per letter

PLEASE CHECK ONE OF THE FOLLOWING:

Please hold for pick up - **OR** To be mailed to the following address:

Attn:	
Address:	
City:	State:
ZIP:	

Signature: _____

Date: _____