

Surrender License	
<input type="checkbox"/>	Agent
<input type="checkbox"/>	Adjuster
<input type="checkbox"/>	Consultant
<input type="checkbox"/>	MGA
<input type="checkbox"/>	Surplus Lines
<input type="checkbox"/>	TPA
<input type="checkbox"/>	Life Settlement
<input type="checkbox"/>	Other _____
<input type="checkbox"/>	<b>ALL Licenses</b>

**COMMONWEALTH OF KENTUCKY  
DEPARTMENT OF INSURANCE  
P. O. Box 517  
Frankfort, KY 40602-0517  
http://insurance.ky.gov  
502-564-6004  
APPLICATION FOR  
VOLUNTARY SURRENDER OF LICENSE**

<i>For Office Use Only</i>	
Amt. Rec'd _____	
Date Rec'd _____	
Tracking No. _____	
Cashier: _____	

**INSTRUCTIONS:** Any licensee wishing to voluntarily surrender his/her Kentucky resident or non-resident license **must complete the following form in its entirety**, answering completely and correctly, to avoid delays in processing. If a clearance letter is requested, a fee of \$5.00, payable to the Kentucky State Treasurer, per letter, must be provided. All fees are deemed earned when paid and are non-refundable (KRS304.9-200(4)). **NOTE: RESIDENT licensees subject to an examination have one year in order to reactivate their license, after which you are subject to applicable pre-licensing training and examination.**

Print FULL NAME: \_\_\_\_\_ KY DOI# or NPN: \_\_\_\_\_

Phone #: \_\_\_\_\_

e-mail address: \_\_\_\_\_

<b>Reason for Voluntary Surrender</b> <input type="checkbox"/> No Longer doing Insurance Business, under the license indicated above	<b>Date of Surrender:</b>
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<b>Clearance Letter Requested?</b> <input type="checkbox"/> Yes _____ How Many _____ (Clearance Letters are \$5.00 each) <input type="checkbox"/> No	If requesting a clearance letter, please provide mailing address below: (You have 90 days, from the surrender date, to apply for licensure in another state)
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	Name:
	Address 1:
	Address 2:
	City, State, ZIP

I hereby certify that, under penalty of perjury, all of the information submitted is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation and may subject me to civil or criminal penalties.

- I further certify that I grant permission to the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to verify information with any federal, state or local government agency, current or former employer, or insurer.
- I acknowledge that I am familiar with and understand the insurance laws and regulations of this State. Further, I agree to comply with the insurance laws and regulations of this State.

**Individual Licensee Signature:**  
I, \_\_\_\_\_, wish to voluntarily surrender my license in Kentucky.

\_\_\_\_\_  
*Signature of Licensee*

\_\_\_\_\_  
*Date*

**Business Entity Officer's Signature (If Surrendering a Business Entity License):**  
I, \_\_\_\_\_, wish to voluntarily surrender my Business Entity license in Kentucky.

\_\_\_\_\_  
*Signature and Title of Officer*

\_\_\_\_\_  
*Date*