REQUEST FOR LETTERS OF CERTIFICATION/CLEARANCE

State of Wisconsin
Office of the Commissioner of Insurance
Agent Licensing Section
P.O. Box 7872
Madison, WI 53707-7872
(608) 266-8699
http://oci.wi.gov/agentlic.htm

INSTRUCTIONS: No fee is required. INCLUDE A SELF-ADDRESSED ENVELOPE SUFFICIENT IN SIZE FOR RETURN. All sections must be completed and signed where noted.

Letter of Certification

Agent Name	License No.	Quantity

Letter of Clearance

Name	License No.
New Resident Address	
I am requesting a Letter of Clearance for the state of _____. In order to receive this Letter of Clearance, I understand that I must voluntarily surrender my Wisconsin license.	
Signature of Licensee	