

# FORM L-SURR



## VOLUNTARY SURRENDER OF INSURANCE LICENSE

LICENSING

602-364-4457 | [insurancelicensing@difi.az.gov](mailto:insurancelicensing@difi.az.gov)

**IMPORTANT!** If you complete this form and then at a later date wish to obtain a license, **YOU WILL BE REQUIRED TO MEET ALL NEW APPLICANT REQUIREMENTS** per A.R.S. § 20-289(F).

1a	If the license holder is a <b>business entity</b> – Full (Genuine) Name of Business	AZ License Number				
1b	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">If an <b>individual</b> – Last Name</td> <td style="width: 17%;">First Name</td> <td style="width: 17%;">Middle Name</td> <td style="width: 33%;">AZ License Number</td> </tr> </table>	If an <b>individual</b> – Last Name	First Name	Middle Name	AZ License Number	
If an <b>individual</b> – Last Name	First Name	Middle Name	AZ License Number			
2	Are you licensed in Arizona as a resident or non-resident? <input type="checkbox"/> <b>RESIDENT</b> (go to #3) <input type="checkbox"/> <b>NON-RESIDENT</b> (skip # 3 and go to # 4)					
3	Do you want to remain licensed as a nonresident in Arizona after relocating to another state? <input type="checkbox"/> <b>YES</b> – If you require a physical clearance letter to be issued, instead, <i>complete and submit Form L-CLR</i> <input type="checkbox"/> <b>NO</b> – If you wish to obtain licensure in the future, <b>YOU WILL BE REQUIRED TO COMPLETE ALL NEW APPLICANT REQUIREMENTS.</b>					
4	What insurance license authority do you want to surrender? <input type="checkbox"/> THE ENTIRE LICENSE including all licenses classes (producer, surplus lines broker, adjuster, bail bond agent etc.) <input type="checkbox"/> ONLY THESE LICENSE CLASSES: <input type="checkbox"/> Producer <input type="checkbox"/> Surplus Lines Broker <input type="checkbox"/> Adjuster <input type="checkbox"/> Bail Bond <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> ONLY THE LINES OF AUTHORITY LISTED BELOW. If you wish to obtain licensure in the future you will be required to complete all new applicant requirements. _____ _____					

### ATTESTATION FOR SURRENDER OF LICENSE

By my signature below, I signify that I am surrendering one or more types or lines of insurance from my insurance license or my entire insurance license as indicated.

\_\_\_\_\_  
LICENSEE'S SIGNATURE

\_\_\_\_\_  
DATE