



Clearance Request Voluntary Surrender Form

Licensing Division, 50 W Town Street, 3rd Floor - Suite 300, Columbus OH 43215
1-614-644-2665 | insurance.ohio.gov

Letter of Clearance is used when an agent moves and needs to surrender the resident Ohio license in order to get licensed in the new resident state and needs a letter of good standing/clearance letter from Ohio. The agent may surrender the Ohio license(s) by submitting this form and a \$5.00 fee (no cash, a check or money order should be made payable to the "State of Ohio Treasurer") to:

**Ohio Department of Insurance
License Division
50 W. Town St, 3rd Fl.
Suite 300
Columbus, Ohio 43215**

- An agent under investigation by the superintendent may not surrender any license. An investigation includes the review of any complaint made against or involving the agent and any application issues.
- The voluntary surrender by clearance request will be effective upon receipt of the surrender request or up to thirty (30) calendar days after receipt by the superintendent.
- The surrender of an agent's license voids all appointments held by the agent.
- The superintendent will inform each appointing company that the agent's license(s) are surrendered.
- Surrendered license(s) may be reinstated if the following occur:
 - Agent moves back into Ohio and submits a new application along with a current clearance letter from the former resident state, or
 - Agent complies with the pre-licensing education and examination requirements for each line of authority as if the person had never been licensed.
- An Ohio non-resident license can be applied for by using the standard NAIC application. This can be done any time after the Ohio resident license is surrendered and the new resident state had issued a license.
- The superintendent may not accept a surrender request after the license expiration date.
- The \$5.00 fee is non-refundable and non-transferable.

Name (Printed)

Ohio License Number **or** NPN

* Mailing Address

New Resident Address (if known)

* Mailing Address

New Resident Address (if known)

Phone Number (daytime)

Date of Birth

Email Address

Requested Effective Date of Surrender

State Moving To

Date of Move

By my signature below, I hereby surrender my Ohio insurance license(s) and state that I understand the conditions of this surrender as set forth above.

Signature

Date

*** After review, the Ohio Department of Insurance will respond to the mailing address reported on this form.**