



**Department of  
Insurance**

Mike DeWine, Governor  
Jon Husted, Lt Governor

Judith, L. French, Director

**Home State Certification Letter Request Form**

Licensing Division, 50 W Town Street, 3rd Floor - Suite 300, Columbus OH 43215  
1-614-644-2665 | 1-614-387-3475 (Fax) | insurance.ohio.gov

Requested by: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Name of Agent/Agency Certification is requested for: \_\_\_\_\_

National Producer Number (NPN): \_\_\_\_\_ or License Number \_\_\_\_\_

Number of Certification Letters Requested: \_\_\_\_\_

Mail Certification to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number: (       ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

*The purpose of a Home State Certification Letter is to provide proof to a Non-Resident state that an agent is in good standing in the agent's home state. A Home State Certification Letter will ONLY be issued to an Ohio Resident Agent.*

**FORM OF PAYMENT:**

**Certification Letters...\$2.00 each**

☐ Personal Check

☐ Company Check

☐ Money Order

**\*\*\* ALL CHECKS/MONEY ORDERS MUST BE MADE PAYABLE TO THE  
"STATE OF OHIO TREASURER"**

Return completed form to **Ohio Department of Insurance, License Division, 50 West Town St, Suite 300, Columbus Ohio 43215.**