

**Request to Cancel License**    Individual License    Business Entity License

Name on License	License #	Date Cancellation Effective
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**Records Storage**

After license is cancelled, insurance transaction records will be maintained by **(select one)**:

<input type="checkbox"/>	A Designated Alaska Licensee			
	Name of Designated Alaska Licensee			License #
	Address Where Records Will Be Stored			
	Street	City	State	Zip Code
	Mailing Address			
	Street	City	State	Zip Code
	Signature of Designated Licensee			Date
<input type="checkbox"/>	Not applicable - no business written in Alaska.			
<input type="checkbox"/>	Last known insurer of each policyholder - Attach insurer names and addresses for each location where records will be stored.			

**Request Letter of Clearance for Individual Resident Licensees** (optional)

<input type="checkbox"/>	I am requesting a Letter of Clearance for the state of _____.			
<input type="checkbox"/>	I have enclosed the \$25 fee.			
	Mail Letter of Clearance to:			
	Street	City	State	Zip Code

- Numerous penalties apply if you transact Alaska insurance business or adjust Alaska claims after your license is cancelled.
- If you reactivate a cancelled resident license within one year, the requirement to retake your exam(s) and fingerprints is waived.
- You are required to complete any outstanding CE requirements if you reactivate a resident license within two years of prior license expiration date.

**Certification**

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

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 Licensee/Compliance Officer Signature      Name      Date (Month/Day/Year)