



STATE OF CONNECTICUT
INSURANCE DEPARTMENT

REQUEST FOR CERTIFICATION LETTER
RESIDENT LICENSEES ONLY

COMPLETE ALL INFORMATION REQUESTED BELOW AND SUBMIT TO:
State of Connecticut Insurance Department — Licensing Division
P.O. Box 816
Hartford, CT 06142-0816
Phone: 860.297.3845 or 860.297.3868

Enclose \$26.00 check for each Certification Letter, payable to "Treasurer, State of Connecticut"
(include licensee's Federal Tax ID number (SSN or FEIN) and license number on check)

CONNECTICUT LICENSE #: _____
NAME OF LICENSEE: _____
SSN OR FEIN: _____

_____ Certification Letter: # of copies requested _____ @ \$26.00 each = \$ _____ (enclosed)
_____ Clearance Letter: # of copies requested _____ @ \$26.00 each = \$ _____ (enclosed)

Requesting a Clearance Letter will cancel your Connecticut license and all company appointments.
Per CGS 38a-702g, regarding PRODUCERS, if you obtain a license in your new home state within
90 days and contact the Connecticut Insurance Department, we will reinstate your license as a non-
resident with no application or fee required.

SEND TO: _____

Signed: _____ Date Signed: _____
(Printed Name): _____
Contact Phone Number: _____
E-mail Address: _____