



STATE OF MINNESOTA
DEPARTMENT OF COMMERCE
 85 - 7th Place East
 St. Paul, Minnesota 55101
 (651) 539-1599

**REQUEST FOR VOLUNTARY SURRENDER
 OF MINNESOTA PRODUCER LICENSE**

INSTRUCTIONS

This form must be signed by the licensee **at time of license surrender** and notarized. Submit the completed form via e-mail to licensing.commerce@state.mn.us with "VOLUNTARY SURRENDER" in the subject field.

Incomplete forms will not be processed, and owing to the volume of requests received, we are not able to send notifications of any deficiency.

Name	License Number/NPN
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CERTIFICATION

I certify that I am voluntarily surrendering my Minnesota insurance producer license.

I certify that I understand and agree to the terms of a voluntary surrender of my Minnesota producer license, which are listed below.

1. My license becomes inactive as of the effective date of the voluntary surrender, which is the date that the Minnesota Department of Commerce processes and approves this form.
2. To reactivate my license, I must:
 - (a) complete all outstanding Minnesota continuing education requirements and pay a penalty in the amount of twice the unpaid renewal fee, if less than twelve months (365 days) has passed since the effective date of my voluntary surrender;
 - (b) retake the prelicense examination for any line of authority that requires one and submit a new license application, if more than twelve months (365 days) has passed since the effective date of my voluntary surrender.

I certify that I am the person holding the Minnesota insurance producer license number entered above, and I will not represent that it is valid or active.

 Signature of Licensee

 Date

NOTARIZATION

STATE OF _____)

) ss.

COUNTY OF _____)

Signed and affirmed before me this ____ day of _____, 20__

by _____
 (Print Name of Licensee)

[Notary Seal]

 Signature of Notary Public

County _____

Commission Expires _____