



85– 7<sup>th</sup> PLACE EAST, SUITE 280  
ST. PAUL, MN 55101  
651-539-1599

**Insurance**  
Resident Producer  
Letter of Clearance Request

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E-mail this completed form to [licensing.commerce@state.mn.us](mailto:licensing.commerce@state.mn.us).

Name (please print)	License Number

**ADDRESS YOU WANT YOUR LETTER OF CLEARANCE MAILED TO**

Street Address
City/State/Zip
Phone Number

By submitting this form and signing my name, I understand that I am terminating my Minnesota Insurance Producer license.

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Signature (required)

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Date