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

REQUEST for VOLUNTARY SURRENDER of MINNESOTA PRODUCER or ADJUSTER 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.

For a business entity (agency) license, this form must be signed by an owner, officer, partner, or director of the agency.

Name	License Number/NPN

☐ All Lines of Authority ☐ Specific Line(s) [list] _____

CERTIFICATION

I certify that this Minnesota insurance producer or adjuster license is being voluntarily surrendered and that I understand and agree to the following terms:

1. The 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 an individual (non-business entity) 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 or adjuster license number entered above, or that I am authorized to act on behalf of the listed agency, and I will not represent that the license is valid or active.

_____ _____
Signature of Licensee Date

_____
Title (for a business entity/agency license)

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 _____

2-2020