



Request for Letters of Certification/Clearance (\$5.00 Fee Per Letter)

Date _____

Please complete the following by indicating the number and type of Certification/Clearance Letters you are requesting.

Letter of Certification on an Individual _____

Letter of Certification on an Agency _____

Letter of Clearance _____

*** Please Note: When requesting a Letter of Clearance – all licenses for that licensee will be terminated.**

Name of Licensee _____ SSN/FEIN _____

Address _____ City/State/Zip _____

License No. _____ License Type _____

Requested by: _____ Phone No. _____

Address _____ City/State/Zip _____

Email _____

(Must be completed - Certification/Clearance Letter will be e-mailed to the requestor)

Signature _____

(Clearance Letter requests must be signed by the licensee)

NOTE: Each State Insurance Commissioner may verify the Producer's licensing status through the National Producer Database maintained by the National Association of Insurance Commissioners, its affiliates or subsidiaries. It may not be necessary to request a Letter of Certification. Please check with the State in which you are applying.

INSURANCE.DELAWARE.GOV

◆ 1351 West North Street, Suite 101, Dover, DE 19904 ◆
Email: licensing@delaware.gov ◆ Phone: 302-674-7390