**INDIVIDUAL PRODUCER / ADJUSTER / CONSULTANT**

**Voluntary Termination of License Request**

|  |
| --- |
| This form is to be used if requesting voluntary termination of an individual license or authority. |

**Individual Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| NPN | Maine License # |

I am requesting immediate termination of my:

**[ ]**  Entire License or **[ ]** Authority only (list authority) \_\_\_\_\_\_\_\_\_

Licensee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Phone # | Email |

**Note**: If you are subject to a penalty for failing to keep your address updated, you may be responsible for the $25 address penalty fee for up to 2 years from the date of the termination of your license.

**Resident:**

Contact the Bureau about your reinstatement options prior to reapplying in case you are required to take a new exam.

**Nonresident:**

A new application and fee will be required to reinstate your license.

Forms can be submitted by email to [insurance.pfr@maine.gov](mailto:insurance.pfr@maine.gov), fax to 207-624-8599 or mail to the address above.

If you have any questions, please contact the Bureau at (207) 624-8475.

Rev 04/22