

Colorado Division of Insurance

License Cancellation Form

GENERAL INSTRUCTIONS

Read all instructions before filling out this form. Call Pearson VUE at (800) 275-8247 if you have questions or need assistance in this process. **Return the completed form to:**

Pearson VUE
pvcoloradoinsurance@pearson.com

KEEP A COPY OF YOUR FORM FOR YOUR RECORDS. NO FEE IS REQUIRED.

1. Colorado License Number	
License Type (<i>choose one</i>): <input type="checkbox"/> Producer <input type="checkbox"/> Non-resident producer <input type="checkbox"/> Individual <input type="checkbox"/> Agency	
CO License Number: <input style="width: 50px; height: 20px;" type="text"/>	
2. Social Security/Tax Identification Number	
If you hold an individual license, fill in your Social Security number. Although you are not legally obligated to provide your Social Security number, processing of this form may be delayed if Social Security number is not provided. If you hold an agency license, fill in your Tax Identification number.	
SOCIAL SECURITY NUMBER	TAX IDENTIFICATION NUMBER
3. Name	
Print your name as it appears on your Colorado license. Print one letter per block.	
<input style="width: 100%; height: 20px;" type="text"/>	
FIRST NAME	
<input style="width: 100%; height: 20px;" type="text"/>	
LAST NAME	
4. License Authorities to be Cancelled	
Indicate which license authority(ies) are being cancelled by checking the appropriate box(es). Only check authorities that are actively listed on your license. For example, do not check property and casualty if you only hold a personal lines license.	
<input type="checkbox"/> Life	<input type="checkbox"/> Casualty
<input type="checkbox"/> Accident and Health	<input type="checkbox"/> Credit
<input type="checkbox"/> Variable	<input type="checkbox"/> Surplus Lines
<input type="checkbox"/> Property	<input type="checkbox"/> Crop Hail
<input type="checkbox"/> Title	<input type="checkbox"/> Attorney Title
<input type="checkbox"/> Personal Lines	<input type="checkbox"/> Travel Ticket Selling
<input type="checkbox"/> HMO	<input type="checkbox"/> Nonprofit
<input type="checkbox"/> Cash Bail	<input type="checkbox"/> Professional Cash Bail
<input type="checkbox"/> Public Adjuster	<input type="checkbox"/> Portable Electronics Vendor
5. Signature and Date	
Read, sign and date this form. This form must be signed by the licensee. Photocopied or stamped signatures will not be accepted.	
SIGNATURE	DATE