**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.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(print or type name)

License #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or NPN #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am requesting immediate termination of my:

Entire License \_\_\_\_\_\_\_\_\_ or Authority only (list authority) \_\_\_\_\_\_\_\_\_

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

Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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.

Residents:

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.

(rev 03/22)