



STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
BUREAU OF INSURANCE
34 STATE HOUSE STATION
AUGUSTA ME 04333-0034

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, fax to 207-624-8599 or mail to the address above.

(rev 03/22)



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OFFICES LOCATED AT 76 NORTHERN AVENUE, GARDINER, MAINE 04345
www.maine.gov/pfr/insurance/home

Phone: (207) 624-8475 (Office)

TTY: 1-888-577-6690

Customer Complaint (800) 300-5000

Fax: (207) 624-8599