



STATE OF MAINE
DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION
BUREAU OF INSURANCE

**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, 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

Office Location: 76 Northern Avenue, Gardiner, Maine 04345
Mailing Address: 34 State House Station, Augusta, Maine 04333
www.maine.gov/insurance

Phone: (207) 624-8475

TTY: Please Call Maine Relay 711

Consumer Assistance: 1-800-300-5000

Fax: (207) 624-8599