



Colorado Division of Insurance

Letter of Clearance Request Form

This form is to be used by individuals licensed and regulated by the Colorado Division of Insurance.

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 and signed form to Pearson VUE either by email or by fax.

Email: PVcoloradoinsurance@pearson.com

Fax: 303-733-9507

KEEP A COPY OF YOUR FORM FOR YOUR RECORDS. No Fee is required.

LICENSE NUMBER:	NPN:
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INDIVIDUAL NAME	
First Name	Middle Name/Initial
Last Name	

ADDRESS TO SEND LETTER OF CLEARANCE		
Name		
Address		
City	State	Zip Code
Email Address		

CERTIFICATION OF INDIVIDUAL LICENSED PRODUCER	
I certify that the information given on this form is complete and correct. I understand that by requesting a letter of clearance my Colorado Insurance License will be cancelled.	
Signer's name (typed or printed)	
Signature	Date