## Request for Letter of Clearance

(Form AL-E)

Please use this form to request any letter(s) of clearance. There is a \$5.00 fee for each clearance letter requested. A Letter of Clearance is to show that you have cancelled your license in Alabama and is typically used to apply for a resident license when you relocate to another state. NOTE: Once a Letter of Clearance is issued, you will no longer hold a license in this state.

## Please include with this request a self-addressed stamped envelope.

<u>PLEASE PRINT OR TYPE</u> : ( <u>ALL INFORMATI</u>	<u>ON IS REQUIRED</u> )
Full Name:	
National Producer #: L	icense #: A
State To Which You Will Be Relocating:	
Number of Clearance Letters Requested:	Amount Enclosed: \$
Date of Request:	
Address to Send Clearance Letter(s):	
Email address in case the state needs to conta	ct you:
Signature:	

Make checks payable to: COMMISSIONER OF INSURANCE, STATE OF ALABAMA

Mail this request to: ALABAMA DEPT OF INSURANCE PRODUCER LICENSING DIVISION

P O BOX 303351

MONTGOMERY, AL 36130-3351