

# Insurance License Document Request

To document licensure, companies should make a screen-print of the producer's license status from the OFIR Insurance Licensee Locator ([www.michigan.gov/ofir](http://www.michigan.gov/ofir)) or the NAIC Producer Licensing Database instead of using this form.

Use a separate form for each licensee. There is no charge for these documents. Please do not send money with this form.

Required information about the licensee			
Licensee Last name (or entity name if not an individual)	First name	Middle initial/name	Suffix (Jr, Sr, I, II, etc.)

System ID / License Number	Full Employer ID number (business entity) OR Last 4 digits of your Social Security Number
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**Document(s) you are requesting:**

**Certification Letter** *Most states rely on SPLD*  
 You can only request a Certification letter for a:

- Surplus Lines non-resident licensure
- Bail Bonds Producer
- Third Party Administrator

**Licensing History** *Current status is available on the OFIR Insurance License Locator at [www.michigan.gov/ofir](http://www.michigan.gov/ofir)*

- Check to request a License History Document

**Clearance Letter** *(for individual licensees only)*

- Check to request a Clearance Document

**Duplicate License/Certificate of Authority**

*Indicate Type of Duplicate License Requested*

- Producer *(Individual or Agency)*
- Solicitor
- Counselor
- Surplus Lines Producer *(Individual or Agency)*
- Insurance Adjuster
- Adjuster for the Insured
- Third Party Administrator

**Duplicate Licenses** must be sent to the licensee's mailing address on file in the OFIR database. They will be automatically sent to your mailing address.

**Certification Letters** and **Licensing Histories** can be sent to a different address. We will send these documents to the address you give below.

Name \_\_\_\_\_

Address line 1 \_\_\_\_\_

Address line 2 \_\_\_\_\_

City	State/Province	Zip/Postal Code	Country
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**If this is a Clearance Request:** Enter your mailing address in your new state below AND attach your original license to this form. If you no longer possess an original license to return, read and initial the lost or destroyed license affidavit below.

Name \_\_\_\_\_

Address line 1 \_\_\_\_\_

Address line 2 \_\_\_\_\_

City	State/Province	Zip/Postal Code	Country
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**Lost or destroyed license affidavit:** I swear under penalty of perjury that the license granted to me or the agency/entity named on this document request is no longer in my possession, and as such, cannot be returned. Should I find the license at a later date, I agree to immediately destroy it.  
 Initial here if you agree with the above statement: \_\_\_\_\_

**Certification**

I certify that the information given on and attached to this form is complete and correct.

Signature \_\_\_\_\_ Date signed \_\_\_\_\_

Signer's name and title, please type or print \_\_\_\_\_

**When complete, please send this form to:**  
*(Mailing and delivery address)*

**OFIR Insurance Licensing**  
**P. O. Box 30220**  
**Lansing, MI 48909-7720**  
**Fax Number: (517) 241-3953**

Authority: 218 of 1956 as amended. Submission is voluntary and is used to request certain optional documents.



**Michigan Department of Licensing and Regulatory Affairs**

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 Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.  
 Visit OFIR online at: [www.michigan.gov/ofir](http://www.michigan.gov/ofir) Phone OFIR toll-free at: 1-877-999-6442