Clearance Letter Request Form		Forms will not be held for a future date and are processed as received.		
Clearance Letter requests are proc Clearance Letter can be requested is applying for licensure in the new previous resident license through t	d when a home st	Michigan resident li tate. Most states rely	censee has moved to a on verification of an ap	nother state and oplicant's
Required Information about the Licensee				
Insurance Licensee Last Name First Name		me	Middle Name / Initial	Suffix (Jr, Sr, etc.)
Michigan System ID (License) Number		National Producer Number (NPN)		
Clearance Letter Request for active Michigan resident licensees only: □ By checking this box to request a Clearance Letter, I am asking DIFS to inactivate my Michigan resident insurance license, and produce a letter indicating my Michigan resident license is inactive. This will allow me to obtain resident licensure in my new home state. Enter the licensee's email address below. A pdf copy of the Clearance Letter will be sent to the email address provided by the licensee. The licensee's email account must accept messages sent by email addresses ending "@michigan.gov". Email address (typed or printed)				
Attestation of Individual Licensee				
By signing this request, I swear under penalty of perjury that I will no longer attempt to operate as a licensee for the specified line(s) of authority in the State of Michigan. I also swear under penalty of perjury that if the license document is in my possession, I agree to immediately destroy it. I certify that the information given on this form is complete and correct.				
Signer's name (typed or printed)		Phor	ne number (required)	
Signature		Date	signed	

Submit completed form by mail to: DIFS Insurance Licensing, PO Box 30220, Lansing MI 48909-7720, by fax to 517-284-8836, or attached to an email sent to DIFS-Licensing@michigan.gov

