Colorado Division of Insurance

LICENSE CANCELLATION FORM

Version 3.0

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 form to:**

Pearson VUE
3131 S. Vaughn Way, Suite 205
Aurora, CO 80014
Fax number: 303-733-9507

KEEP A COPY OF YOUR FORM FOR YOUR RECORDS. NO FEE IS REQUIRED.

1. COLORADO LICENSE NUMBER

License Type *(choose one)*: ☐ Producer ☐ Non-resident producer ☐ Individual ☐ Agency

CO License Number:

2. SOCIAL SECURITY/TAX IDENTIFICATION NUMBER

If you hold an individual license, fill in your Social Security number. Although you are not legally obligated to provide your Social Security number, processing of this form may be delayed if Social Security number is not provided. If you hold an agency license, fill in your Tax Identification number.

SOCIAL SECURITY NUMBER

TAX IDENTIFICATION NUMBER

3. NAME

Print your name as it appears on your Colorado license. Print one letter per block.

FIRST NAME:

LAST NAME

4. LICENSE AUTHORITIES TO BE CANCELLED

Indicate which license authority(ies) are being cancelled by checking the appropriate box(es). Only check authorities that actively listed on your license. For example, do not check property and casualty if you only hold a personal lines license.

☐ Life	☐ Casualty	☐ Title	☐ HMO	☐ Cash Bail
☐ Accident and Health	☐ Credit	☐ Attorney Title	☐ Nonprofit	☐ Professional Cash Bail
☐ Variable	☐ Surplus Lines	☐ Personal Lines	☐ Public Adjuster	
☐ Property	☐ Crop Hail	☐ Travel Ticket Selling	☐ Surety Bail	

5. SIGNATURE AND DATE

Read, sign and date this form. This form must be signed by the licensee. Photocopied or stamped signatures will not be accepted.

SIGNATURE DATE

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