



**COMMISSIONER OF INSURANCE, RALPH T. HUDGENS  
STATE OF GEORGIA  
REQUEST FOR CLEARANCE LETTER**

GID-AL-6  
Version 3.0  
CLEARANCE

**1. GENERAL INSTRUCTIONS**

**All questions should be directed to Pearson VUE at 1-888-204-6204 between the hours of 7AM and 6PM Monday through Friday, EST.**

- A. A clearance letter is used by Georgia resident licensees who wish to cancel their Georgia license and apply for a license to sell insurance in a new resident state.
- B. The fee for each letter is \$10.00 in the form of a check or money order, made payable to Pearson VUE.
- C. This form may be photocopied for future use.
- D. You must submit your Georgia Insurance License with this request. If you have not submitted your license with this request, explain why your license is not included with this request.

**E. Return this request along with payment to: GEORGIA INSURANCE DEPARTMENT/Pearson VUE, PO Box 281137, Atlanta, GA 30384-1137.**

**Additional Information can be obtained at [www.oci.ga.gov](http://www.oci.ga.gov).**

- I have included my **original** license card with this request.
- I have not included my original license with this Clearance Request Letter because: \_\_\_\_\_

OFFICE ONLY
<input type="checkbox"/>

**2. LICENSEE INFORMATION**

Print the licensee's name as it appears on the licensee's Georgia insurance license in the boxes provided. Print the address where you wish the letter(s) to be sent.

Last Name	First Name	MI	Suffix (Jr., Sr.)

Mailing Address (Suite number, floor number, etc.)

City	State	ZIP+4	-

New Address (Suite number, floor number, etc.)

City	State	ZIP+4	-

Daytime Phone Number

**3. LICENSE INFORMATION**

Print the licensee's license number and SSN or NPN in the boxes provided.

License Number	Social Security Number	National Producer Number

Place an "X" in the box next to each license type for which you wish to receive a clearance letter. Insert the number of clearance letters requested per license type. Multiply the number of clearance letters requested per license type by the fee of \$10.00 per letter. Enter the total in the "Total Amount Enclosed" space.

**NOTE: If you hold more than one license, a request for a clearance letter for one license type implies cancellation of all licenses held.**

CLEARANCE LETTER	LICENSE TYPES	CLEARANCE LETTER QUANTITY	ENCLOSED FEE
<input type="checkbox"/>	<b>Agent</b> (All license types will be cancelled)	_____ X \$10.00 =	\$ _____
<input type="checkbox"/>	<b>Staff Adjuster</b> (Request will be forwarded to GID)	_____ X \$10.00 =	\$ _____
	<b>TOTAL CLEARANCE LETTERS</b>	_____	<b>TOTAL AMOUNT ENCLOSED</b>
			\$ _____

**WARNING: By requesting a clearance letter, you are canceling your current Georgia license.**

OFFICE ONLY
<input type="checkbox"/>

\_\_\_\_\_  
LICENSEE SIGNATURE

\_\_\_\_\_  
DATE

Forward this request, along with payment, to:  
**GEORGIA INSURANCE DEPARTMENT/Pearson VUE**  
**PO Box 281137, Atlanta, GA 30384-1137**  
Checks must be made payable to: **Pearson VUE**