



STATE OF CONNECTICUT
INSURANCE DEPARTMENT

Fee: \$26.00

Revised 8/13/2015

Request for Certification or Clearance Letter

Connecticut License Number: _____

OR

National Producer Number (NPN): _____

Name of Licensee Individual or Business Entity:

SSN (last 4 digits) OR FEIN (last 4 digits): _____

_____ Certification Letter: Number of copies requested _____ @ \$26.00 each = \$_____

_____ *Clearance Letter: Number of copies requested _____ @ \$26.00 each = \$_____

*Note: Requesting a Clearance Letter will cancel your Connecticut license and all company appointments will be cancelled.

PRODUCERS: Per C.G.S. 38a-702g, regarding PRODUCERS, if you obtain a license in your new home state within 90 days we will reinstate your license as a non-resident with no application or fee required. Send an email to cid.licensing@ct.gov, advising that you have obtained your new resident state license.

NON-PRODUCER: MUST re-apply with a reinstatement application and fee. You may apply for the reinstatement by going to our website at www.ct.gov/cid. Select "Licensing Online System."

FEE: Make check payable to: "Treasurer, State of Connecticut." \$26.00 for each letter. The Department does not accept cash or credit card payments for these requests.

SEND TO: _____

Note: The Department will NOT mail the letter to any Regulatory Agency. The Department will NOT fax or e-mail the letter.

Signed: _____ Date Signed: _____

(Printed Name): _____

Email and Contact Phone Number: _____

Mail to: State of Connecticut, Insurance Department
Attn: Licensing Division
P.O. Box 816
Hartford, CT 06142-0816

Overnight Address: State of Connecticut, Insurance Department
Attn: Licensing Division
153 Market Street, 7th Floor
Hartford, CT 06103