



**HAWAII
INSURANCE
DIVISION**

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|---|
| Request for |
| <input type="checkbox"/> Letter of Certification |
| <input type="checkbox"/> Letter of Clearance |

| | |
|--|--------------|
| Name as it appears on the Hawaii license certificate | |
| HI License No. | HI Entity ID |

Indicate state(s) requesting Letter(s) of Certification for:

Indicate state* requesting Letter of Clearance for:

My signature below indicates that I understand my Hawaii resident license will be inactivated, along with any appointments, in order for a Letter of Clearance to be issued.

| | | |
|------------------------------|-------|-----------------------------|
| MAILING ADDRESS | | |
| Physical Street or P.O. Box: | | |
| City | State | Zip Code or Foreign Country |

Signature of Licensee¹

Print Name and Title of Signer

¹For individual license, the individual must sign. For Agency, the Designated Representative named on the license must sign.
*You may only request a Letter of Clearance for one state only. This letter is used to apply for a resident license in another state
IMPORTANT NOTE: The changes indicated above will be effective upon receipt in the Hawaii Insurance Division.

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|---|---------------------|
| Hawaii Insurance Division, 335 Merchant Street - Room 213, Honolulu, Hawaii 96813 | |
| Website: http://insurance.hawaii.gov | phone: 808-586-2788 |
| E-mail: InsLic@dcca.hawaii.gov | fax: 808-587-6714 |