



ARKANSAS INSURANCE DEPARTMENT  
LICENSE DIVISION  
1 Commerce Way, Ste 104  
Little Rock, AR 72202  
PHONE: 501-371-2750

Website: <https://insurance.arkansas.gov/pages/industry-regulation/licensing/>  
Email: [Insurance.Licensing@arkansas.gov](mailto:Insurance.Licensing@arkansas.gov)

**LICENSE SURRENDER FORM**

**INSTRUCTIONS:** Completed/signed form may be scanned/mailed (address above). All areas of this form that relate to the individual or the agency must be completed. If information does not apply, then mark the section N/A. **WE MUST HAVE A PHYSICAL ADDRESS FOR THE RESIDENCE.** Use a separate form for each license type, individual or agency – do not combine an individual and an agency on the same form. Combinations will not be processed. This form must be completed in ink, typed, or computer generated. The form must be legible, or it will not be processed. This form must be signed in order to be effective.

**INDIVIDUAL:**

Name: \_\_\_\_\_

Arkansas License Number: \_\_\_\_\_

License Type:   Producer   \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

Current Residence Address: \_\_\_\_\_

Street Number and Name    City    State    Zip

*Please accept this as my request to voluntarily surrender my Arkansas producer license and change my license status to inactive.*

\_\_\_\_\_  
Licensee's Signature    Dated: \_\_\_\_\_

**BUSINESS ENTITY (AGENCY):**

Name: \_\_\_\_\_

Arkansas License Number: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

Current Physical Address: \_\_\_\_\_

Street Number and Name    City    State    Zip

*Please accept this as my request to voluntarily surrender the Arkansas agency license and change the license status to inactive. I am authorized to act on behalf of the above agency and have authority to make this request.*

\_\_\_\_\_  
Signature of Authorized Agency Representative    Dated: \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Authorized Agency Representative