## AGENT REQUEST FORM

## **West Virginia Offices Of The Insurance Commissioner**

P. O. Box 50541, Charleston WV 25305-0541 Telephone (304) 558-0610

FAX (304) 558-4966 (Use Fax only for items that do not involve submitting a fee)

AGENT'S NAME:	WV LICENSE #:
The following is requested for the above named:	SOCIAL SEC. #:
1. <u>LETTER OF CERTIFICATION</u> \$5.00 per letter reques A Letter of Certification is issued to an actively licensed resanother state.	
Please issue certification of my WEST VIRGINIA Resident Ag another state. I am enclosing a self-addressed return envelope.	gent's license as I am applying for non-resident licensing in
# Letters requested \$5.00 per 1 Check # Date of C (Check payable to: West Virginia Offices of the Insurance	heck
2. <u>LETTER OF CLEARANCE*</u> \$10.00 per letter requeste A Letter of Clearance is issued for a WV resident agent who resident license in their new home state.	
The licensee is the only party authorized to request cancellation	of his/her license.
I have moved from WEST VIRGINIA to the State oflicense and forward a Letter of Clearance in the return envelope represent will be notified that my license is being canceled.	
FEE \$10.00 Check # Check Date (Check payable to: West Virginia Offices of the Insurance Commissioner)	New Address:
	Telephone #:
3. <u>CHANGE OF ADDRESS</u>	4. <u>CHANGE OF NAME*</u>
From:	From:
To: *Name changeinclude copy of documentation (i.e. Marr	To:iage Cert., Court Order, etc.)
NOTE: There is no charge for address change or name change.	
Signature of Requestor*	Date

<sup>\*</sup>Items 2 and 4 REQUIRE the AGENT'S signature on this form.