



**OFFICE OF COMMISSIONER OF INSURANCE**  
 COMMISSIONER OF INSURANCE • INDUSTRIAL LOAN COMMISSIONER • SAFETY FIRE COMMISSIONER  
**Ralph T. Hudgens, Commissioner**



[www.oci.ga.gov](http://www.oci.ga.gov)

Phone: 855-235-5174 ♦ E-mail: [GAInslicensing@psionline.com](mailto:GAInslicensing@psionline.com)

**AGENTS LICENSING**

**Request For Clearance Letter**

**GID-391-AL APR2015**

**1. General Instructions**

- A. A clearance letter is used by Georgia resident licensees who wish to cancel their Georgia license and apply for a license in a new resident state.
- B. The fee for each clearance letter is \$10.00.
- C. 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.  
 I have included my original license card with this request.  
 I have not included my original license with this request because:
- D. Return this request along with payment to: **PSI SERVICES LLC / GEORGIA INSURANCE DEPT.**

**2. Licensee Instructions**

Print your complete name as it appears on your Georgia insurance license.

**Licensee:**

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

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

City	State	Zip Code 5-digits	+4

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

City	State	Zip Code 5-digits	+4

Residential Phone Number	

**3. License Fee and Clearance Letter Request**

License Number	Social Security Number	National Producer Number

Insert the number of clearance letters requested. 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.**

<b>Clearance Letter(s) requested for the following license type(s) →</b>	
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Number Of Clearance Letters Requested	FEE (per letter requested)	TOTAL AMOUNT ENCLOSED	
X	\$ 10.00	\$	

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

Licensee Signature	Date

<b>MAIL FEES TO:</b>	<b><u>Overnight Mailing Address with Payments:</u></b> Bank of America ATTN: PSI Services LLC Box 742983 1075 Loop Road (2nd Floor) Atlanta, GA 30337	<b><u>Regular Mailing Address with Payments:</u></b> PSI Services LLC P.O. Box 742983 Atlanta, GA 30348-2983	<b>TOTAL OF ALL FEES DUE → \$</b>
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