



Colorado Division of Insurance

License Cancellation Form

GENERAL INSTRUCTIONS

Read all instructions before filling out this form. Call Pearson VUE at (800) 275-8247 if you have questions or need assistance in this process. **Return the completed form to:**

Pearson VUE

pvcoloradoinsurance@pearson.com

KEEP A COPY OF YOUR FORM FOR YOUR RECORDS. NO FEE IS REQUIRED.

1. Colorado Licen	se Number			
License Type (<i>choose one</i>):	☐ Produce	er 🗌 Non-residen	t producer 🔲 I	ndividual 🗌 Agency
CO License Number:				
2. Social Security/Tax Identification Number				
If you hold an individual lice Social Security number, pro agency license, fill in your T	cessing of this form	n may be delayed if Social S		
SOCIAL SECURITY NUMBER	TAX IDENTIFICAT	TION NUMBER		
3. Individual Name or Agency Name				
Print the name as it appears on the Colorado license that is being canceled. Print one letter per block.				
FIRST NAME OR AGENCY NAME				
LAST NAME				
4. License Authorities to be Cancelled				
Indicate which license auth actively listed on your license				nly check authorities that are a personal lines license.
Life	☐ Casualty	□ Title	☐ HMO	☐ Cash Bail
☐ Accident and Health	☐ Credit	☐ Attorney Title	☐ Nonprofit	☐ Professional Cash Bail
□ Variable	☐ Surplus Lines	☐ Personal Lines	☐ Public Adjuster	
☐ Property	☐ Crop Hail	☐ Travel Ticket Selling	☐ Portable Electro	onics Vendor
5. Signature and	Date			
Read, sign and date this form	n. This form must be	signed by the licensee. Pho	tocopied or stamped si	gnatures will not be accepted.
SIGNATURE				DATE