Request for Letter of Clearance

(Form AL-E)

Please use this form to request any letter(s) of clearance. There is a $5.00 fee for each clearance letter requested. A Letter of Clearance is to show that you have cancelled your license in Alabama and is typically used to apply for a resident license when you relocate to another state. NOTE: Once a Letter of Clearance is issued, you will no longer hold a license in this state.

Please include with this request a self-addressed stamped envelope.

PLEASE PRINT OR TYPE: (ALL INFORMATION IS REQUIRED)

Full Name: __________________________________________

National Producer #: ______________________ License #: A____________________

State To Which You Will Be Relocating: ______________________________________

Number of Clearance Letters Requested: _________ Amount Enclosed: $___________

Date of Request: __________________________________

Address to Send Clearance Letter(s):

____________________________________________________________________________________________

Email address in case the state needs to contact you: ________________________________

Signature: _______________________________________________________________

Make checks payable to: COMMISSIONER OF INSURANCE, STATE OF ALABAMA

Mail this request to: ALABAMA DEPT OF INSURANCE
PRODUCER LICENSING DIVISION
P O BOX 303351
MONTGOMERY, AL 36130-3351