



Form AL-PSA (04/2019)

STATE OF ALABAMA – DEPARTMENT OF INSURANCE

**Cancellation of Appointment for Preneed Sales Agent**

*Please use this form to cancel Preneed License Appointment.*

**PLEASE CLEARLY PRINT OR TYPE**  
**ALL INFORMATION IS REQUIRED**

*{PLEASE NOTE IF YOU ARE CANCELLING THE PSA'S ONLY APPOINTMENT, IT WILL CANCEL THE PRENEED LICENSE ALSO}*

Funeral Home Name: \_\_\_\_\_

FEIN: \_\_\_\_\_ NAIC#: \_\_\_\_\_

Name of PSA: \_\_\_\_\_ License#: \_\_\_\_\_

Name of PSA: \_\_\_\_\_ License#: \_\_\_\_\_

Name of PSA: \_\_\_\_\_ License#: \_\_\_\_\_

Name of PSA: \_\_\_\_\_ License#: \_\_\_\_\_

Name of PSA: \_\_\_\_\_ License#: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Email Form to: [producerlicensing@insurance.alabama.gov](mailto:producerlicensing@insurance.alabama.gov)**