

New Mexico License Cancellation Request

The cancellation of your license, if applicable inactivates any company appointments held with any insurance company and any affiliations between the individual and firm.

Licensee Name: _____

License No.: _____

Address: _____

Please cancel the following license(s):

<input type="checkbox"/>	All Licenses	<input type="checkbox"/>	Limited Surety
<input type="checkbox"/>	Insurance Producer	<input type="checkbox"/>	Solicitor
<input type="checkbox"/>	Staff Adjuster	<input type="checkbox"/>	Third Party Administrator
<input type="checkbox"/>	Independent Adjuster	<input type="checkbox"/>	Insurance Consultant
<input type="checkbox"/>	Public Adjuster	<input type="checkbox"/>	Pharmacy Benefits Manager
<input type="checkbox"/>	Surplus Line Broker	<input type="checkbox"/>	Portable Electronics
<input type="checkbox"/>	Motor Club	<input type="checkbox"/>	Rental Car
<input type="checkbox"/>	Bail Bond Property	<input type="checkbox"/>	Temporary Insurance Producer
<input type="checkbox"/>	Bail Bond Solicitor	<input type="checkbox"/>	Viatical Broker

If the license expires for failure to renew prior to receipt of the cancellation request, your request for cancellation will not be processed. The license will remain as expired.

If requesting cancellation of a firm license, I acknowledge that I have the authority to execute this request on behalf of the firm.

I agree to notify my appointing companies of this cancellation.

I understand that upon cancellation, I am no longer authorized to transact insurance under the license stated above.

Signature: _____

Date: _____

Email: _____

Telephone No.: _____

Email completed form to agents.licensing@state.nm.us