

**STATE OF NEW MEXICO – OFFICE OF SUPERINTENDENT OF INSURANCE (OSI)
PRODUCER LICENSING BUREAU**

License Cancellation Form

Licensee Name _____

License # _____

Address: _____ City _____ State Zip _____

Please cancel the following license(s):

Please check correct box, if no box is checked, ALL licenses will be cancelled.

<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 Benefit 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

Please review the following statements:

1. If the license expires for failure to renew prior to receipt of the cancellation request, your request for cancellation will not be processed and the license will remain as expired.
2. If you are requesting a cancellation of a firm license, I acknowledge that I have the authority to execute this request on behalf of the firm.
3. I agree to notify my appointing companies of this cancellation.
4. I understand that upon cancellation, I am no longer authorized to transact insurance under the license stated above.

Signature: _____

Date: _____

Email: _____

Telephone No.: _____

Completed form must be submitted by email to Agents.licensing@state.nm.us