

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

Request for Letter of Certification

This is a certified statement of a licensee's license and/or appointment status.

Please submit the following:

1. Payment must be made by Check, Money Order, ACH Credit or Wire.
2. To expedite your request, we will email your letter.

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PLEASE PRINT LEGIBLY

Name as it appears on License \_\_\_\_\_

License # \_\_\_\_\_

Social Security Number or FEIN Number \_\_\_\_\_

Contact Person \_\_\_\_\_ Telephone Number \_\_\_\_\_

Email address (please print clearly) \_\_\_\_\_

# of letter requested \_\_\_\_\_ X \$10.00= \$ \_\_\_\_\_ total fee submitted

Check \_\_\_\_ Money Order \_\_\_\_ ACH Credit \_\_\_\_ or Wire \_\_\_\_

**Electronic Payments: Once you have made payment via ACH Credit or Wire, please email this form to [agents.licensing@state.nm.us](mailto:agents.licensing@state.nm.us)**

All filing fees are non-refundable or non-transferable, whether or not the application is processed. Per NMSA 59A-6-1 all fees are earned when paid and are not refundable.