

Utah Insurance Department
Clearance Letter Request
FORM MUST BE SIGNED & DATED

Utah Insurance Department
Phone: 801-538-3800 Fax: 801-538-3830

This form **MUST** be submitted via fax to 801-538-3830 or electronically attached as a PDF document and emailed to caburton@utah.gov.

Note: The licensee is the only party authorized to request a cancellation of license.

I, _____ have moved from Utah to the State of _____.
Please cancel my Utah license # _____.

Please provide a valid email address for the clearance letter to be emailed to:

If you would like to convert your resident license to a non-resident license, please provide:

New Resident Address: _____ Resident Phone: _____
_____ Cell Phone: _____

New Business Address: _____ Business Phone: _____

New Mailing Address: _____ Email Address: _____

*This request will not be processed if the form is not completed in its entirety.

Signature of Licensee _____

Date _____