

STATE OF ALABAMA – DEPARTMENT OF INSURANCE

**Request to Cancel or Surrender a Line of Authority**

**ADJUSTER LICENSE(S) ONLY**

Please use this form to voluntarily cancel or surrender a line of authority on your License. Please note this form will only cancel the line of authority you mark below on the date that we receive it in office. It does not clear your license for a Clearance Letter.

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

Licensee's Full Name: \_\_\_\_\_

National Producer #, SSN, or FEIN: \_\_\_\_\_

Alabama License #: \_\_\_\_\_

Line of authority to cancel: \_\_\_\_\_

Line(s) of authority to keep active \_\_\_\_\_

I hereby request the cancellation of the line of authority listed effective immediately. I understand to get this line of authority back active, I must comply with a new application process that can be found on [www.aldoi.gov](http://www.aldoi.gov)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

The Licensee signature is required for this form to be processed