



**STATE OF NEBRASKA
DEPARTMENT OF INSURANCE
LICENSING DIVISION**
www.doi.nebraska.gov

Voluntary License Cancellation / Surrender

LICENSE INFORMATION				
First Name	Last Name / Business Entity Name		License Number	
Mailing Address	City		State	Zip
	Phone			
	Email Address			
<p>___ Please cancel all of my Nebraska insurance licenses.</p> <p>___ Please Only cancel my _____ license(s) and leave my _____ license(s) active in Nebraska.</p> <p><i>*Indicate which Nebraska license type you wish to cancel and which you want to leave active.</i></p>				
AUTHORIZATION				
In order to process the cancellation request the form must be signed by the Nebraska licensee.				
_____ Licensee's Signature			_____ Month/Day/Year	

**NEBRASKA DEPARTMENT OF INSURANCE
INSURANCE LICENSING DIVISION
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