



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

Voluntary License Cancellation / Surrender

LICENSE INFORMATION				
First Name	Last Name		License Number (NPN)	
Mailing Address	City		State	Zip
	Phone			
	Email Address			

___ **Please cancel all of my Nebraska insurance licenses.**

___ **Please Only cancel my _____ license(s) and leave my _____ license(s) active in Nebraska.**

**Indicate which Nebraska license type you wish to cancel and which you want to leave active.*

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
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