



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**

**Department of Business Regulation  
INSURANCE DIVISION  
1511 Pontiac Avenue Bldg 69-2  
Cranston, RI 02920  
Telephone No. (401) 462-9500  
[www.dbr.ri.gov](http://www.dbr.ri.gov)**

**FAX No. (401) 462-9602**

**REQUEST FOR LETTER OF CLEARANCE**

*\*Requesting a clearance letter **cancel**s your current insurance license.*

*\*The Insurance Division would prefer you to include your email address so we can email back your letter as a PDF document.*

**(Please Print)**

NAME: Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_  
STATE: \_\_\_\_\_  
ZIP: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_

RHODE ISLAND LICENSE NO: \_\_\_\_\_  
Individual SS# \_\_\_\_\_

NUMBER OF LETTERS REQUESTED: \_\_\_\_\_ \$15.00 for each letter requested

Checks should be made payable to “General Treasurer, State of Rhode Island”

*\*If you are not including an email address for your letter to be sent back electronically, you must include a self addressed stamped envelope.*