

Voluntary Cancellation Request Insurance License or Registration

By signing below, I request that the Wyoming Insurance Department inactivate the Wyoming insurance license indicated. I understand that:

- Voluntary cancellation does not release me or the firm from the results of any pending or future administrative actions, including revocation or suspension of my license privileges, fines imposed, or other penalties imposed due to my or the firm's conduct as a licensee during the time the license was valid.
- As of the date of cancellation, the individual or firm will no longer have a license to conduct the business of insurance in Wyoming and may no longer act as, or hold itself out to be, an insurance producer, adjuster or other licensee. The individual or firm may not apply for, procure, negotiate for, or place for others, any policies for any line of insurance or investigate, negotiate or settle any insurance claims or otherwise transact the business of insurance.
- Cancellation of the license inactivates any appointment the individual or firm may have with any insurance company and any affiliations between individuals and firms. I agree to notify my appointing companies of this cancellation.
- If the license terminates for failure to renew prior to submission of this cancellation request, the failure to renew will supersede the cancellation and the request will not be processed.
- If requesting cancellation of a firm license, I acknowledge that I have the authority to execute this request on behalf of the firm.
- I have retained a copy of this request for my records.

Print Name as it Appears on License		WY License Number or NPN
Effective Date of Cancellation (If a future date, Otherwise, effective date will be the date processed.).		
Signature	Title, if representing a firm	Date
Printed Name of Signer (if for a firm)	Email Address	Telephone Number

Mail original to: Wyoming Insurance Department
106 E. 6th Avenue
Cheyenne, WY 82002

Or email to : insurancelicensing@wyo.gov