



Department of Business and Industry

Nevada Division of Insurance

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Service Request: Voluntary Surrender of License Bail

Instructions for Filing

This form must be completed by a licensee who seeks to voluntarily surrender the license. Once the form is complete, send the form to the Division via email (lbard@doi.nv.gov) or first-class mail (attention: Producer Licensing). The form is a PDF fillable form. Illegible or incomplete forms will be rejected.

Licensee Name _____

Nevada License No. _____

National Producer Number (NPN) / FEIN (firms only) _____

Effective Date of Inactivation _____

Attestation

By signing below, I affirm that the following is true and correct to the best of my knowledge:

- I am or represent the Nevada licensee listed above, I have the authority to request this voluntary surrender of license, and I seek to voluntarily surrender this license.
- I understand that by voluntarily surrendering this license, I or the firm cannot engage in transactions that require the license under the Nevada Insurance Code as of the effective date of surrender.
- I agree to ensure the proper transfer or destruction of records, as appropriate, to ensure consumers are not harmed.
- I further understand that the voluntary surrender of this license does not prohibit the Commissioner from taking administrative action, including a fine or penalty, for violations of the Insurance Code pursuant to NRS 679A.190 and NRS 683A.461(4).
- I further attest that I have properly destroyed the license issued by the Division.
- I understand that this voluntary surrender is effective the date it is processed by the Division or the effective date requested above, whichever is later.

Signature _____ Date _____

Printed Name _____