



**HAWAII
INSURANCE
DIVISION**

Request for
<input type="checkbox"/> Letter of Certification <input type="checkbox"/> Letter of Clearance

Name as it appears on the Hawaii license certificate
HI License No.

Indicate state(s) requesting Letter(s) of Certification for:
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Indicate state* requesting Letter of Clearance for:

MAILING ADDRESS		
Physical Street or P.O. Box:		
City	State	Zip Code or Foreign Country

Signature of Licensee ¹	Print Name and Title of Signer
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¹ For individual license, the individual must sign. For Agency, the Designated Representative named on the license must sign.
 *You may only request a Letter of Clearance for one state only. This letter is used to apply for a resident license in another state
IMPORTANT NOTE: The changes indicated above will be effective upon receipt in the Hawaii Insurance Division.

Hawaii Insurance Division, 335 Merchant Street - Room 213, Honolulu, Hawaii 96813	
Website: http://insurance.hawaii.gov	phone: 808-586-2788
E-mail: InsLic@dcca.hawaii.gov	fax: 808-587-6714