

License Cancellation Form - State of Georgia

Read all instructions before filling out this form. If you request to cancel a license that is currently under a consent order, the reason for cancellation will be deemed as a revocation and will prohibit reapplying in Georgia for up to five (5) years per O.C.G.A. 33-23-23(c). Call Pearson VUE at (800) 274-8969 if you have questions or need assistance in this process. Keep a copy for your records. No Fee is required. Email completed form to pvgainsurance@pearson.com.

1. Georgia License Information

Georgia License Number: _____

You must check if you are a resident or nonresident and check which applies under Individual, Adjuster or Branch to this request.

License Type: ☐ Resident ☐ Nonresident

Individual:

- ☐ Agent
- ☐ Temporary Agent
- ☐ Counselor
- ☐ Limited Health Counselor
- ☐ Limited Sub Agent
- ☐ Navigator
- ☐ Surplus Lines Broker

Adjuster:

- ☐ Adjuster
- ☐ Crop/Hail Adjuster
- ☐ Public Adjuster
- ☐ Workers Comp Adjuster

Agency:

- ☐ Principal
- ☐ Branch
- ☐ Retail Vendor
- ☐ Portable Electronics
- ☐ Self Storage Provider
- ☐ Rental Company

2. Social Security/Tax Identification Number

If you hold an individual license, provide the last four of your Social Security number. Although you are not legally obligated to provide your Social Security number, processing of this form may be delayed if the last four of your Social Security number is not provided. If you hold an agency license, fill in your Tax Identification number.

LAST FOUR OF SSN _____

TAX IDENTIFICATION NUMBER _____

3. Name (Provide name as it appears on your Georgia License)

LAST NAME; _____ FIRST NAME _____

EMAIL : _____

AGENCY NAME: _____

4. License Authorities to be Cancelled

Indicate which license authority(ies) are being cancelled by checking the appropriate box(es). Only check authorities that are actively listed on your license. For example, do not check property and casualty if you only hold a personal lines license.

- | | | |
|--|---|---|
| <input type="checkbox"/> Accident & Sickness | <input type="checkbox"/> Life | <input type="checkbox"/> Travel Accident & Sickness |
| <input type="checkbox"/> Casualty | <input type="checkbox"/> Personal Lines | <input type="checkbox"/> Travel Ticket |
| <input type="checkbox"/> Credit | <input type="checkbox"/> Property | <input type="checkbox"/> Variable Products |
| <input type="checkbox"/> Health | <input type="checkbox"/> Title | |

5. Signature and Date

This form must be signed by the licensee.

SIGNATURE

DATE

Email completed and signed form to pvgainsurance@pearson.com.