



Request to Add/Remove Non-Active Status

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Licensee Name	First.	Georgia License Number:
Last:	First:	
GA Resident	Non-Resident	
Instructions to reques	t Non-Active Status	
	en (10) consecutive years or more to be submitted in the 90 days preced	o request non-active status. A request to put a license in ing license expiration.
by the last day of my birth mo	onth. Failure to timely renew will result	in additional fees and possible license cancellation. A or FINRA registrations are required to renew.
Signature		
Instructions to remove	Non-Active Status	
A request to remove the No	on-Active Status for a licensee can b	oe submitted at any time.
responsible for completing th	e required CE for the CE period that in at change date is 05/20/22 and the nex	r license. I understand by removing this status I am includes the date the Non-Active status is removed.
Signature		
Submit payment of \$25 completed form to:	5 License Amendment Fee and	d \$5 Processing Fee (\$30) with this
Regular Mail:		
Georgia Dept. of Insurance, A P.O. Box 935132 Atlanta, GA 31193-5132	Agents License Division	

Overnight Check Payment:

Wells Fargo Bank, NA Georgia Department of Insurance, Agents License Division Lockbox 935132 3585 Atlanta Ave Hapeville, GA 30354