



Department of Consumer and Business  
Services **Division of Financial Regulation – 3**  
350 Winter St. NE, Salem, OR 97301-3881  
P.O. Box 14480, Salem, Oregon 97309-0405  
Phone: 503-947-7981, Fax: 503-378-4351  
Email: [web.insagent@dcbs.oregon.gov](mailto:web.insagent@dcbs.oregon.gov)  
[dfr.oregon.gov](http://dfr.oregon.gov)

**Voluntary Surrender of  
Oregon License or Lines of  
Authority**

Name of licensee: \_\_\_\_\_

NPN/license number: \_\_\_\_\_

Voluntary surrender effective date (Cannot be back dated): \_\_\_\_\_

Surrender license (including all lines)

Only surrender marked lines below:

Life

Health

Property

Casualty

Personal Lines

Surplus Lines

Variable Life

Credit

Crop

Surety

Title

Trip Travel

Licensee signature: \_\_\_\_\_ Date: \_\_\_\_\_

**(Business license surrenders must be signed by an owner/officer of the company.)**

No fee required.

Forms may be faxed or emailed. See above for information.

