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
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.

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