



Department of Consumer and Business
Services **Division of Financial Regulation – 3**
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**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.

