

Voluntary Surrender of Texas Insurance License

Date _____

Full name as listed on Texas license _____

License number _____ License type _____

License number _____ License type _____

License number _____ License type _____

I am of sound mind, capable of making this statement, and have personal knowledge of the facts which are true and correct.

I voluntarily surrender my insurance license(s) issued to me by the Texas Department of Insurance as listed above.

I understand that if I reapply for a license with the Texas Department of Insurance, any outstanding fines related to a continuing education deficiency may be considered as a basis for denial of any future application(s) for licensure.

Effective immediately, I will no longer use any license listed on this surrender form in Texas. I understand that doing so is a violation of Texas Insurance Code, chapter 101 that could result in the Texas insurance commissioner taking action against me.

Additional notes _____

Sincerely,

Signature of individual licensee or authorized entity officer

Email

Phone

Current resident address

City State ZIP

Send completed form to: CE@tdi.texas.gov

Your rights: You can request information we have about you by emailing OpenRecords@tdi.texas.gov or writing to: Public Information Coordinator, MC: GC-ORO, Texas Department of Insurance, PO Box 12030, Austin, Texas 78711-2030. You also have the right to ask that we fix information we have about you that is wrong. To ask for a correction, send (1) your name, mailing address, and your phone number, (2) details about what needs to be fixed, and (3) the reason or proof showing why the information is wrong. Send this by email to RecordCorrections@tdi.texas.gov or by mail to: Record Correction Request, MC: CO-AAL-CC, Texas Department of Insurance, PO Box 12030, Austin, Texas 78711-2030.

Sus derechos: Usted puede solicitar la información que tenemos sobre usted enviando un correo electrónico a OpenRecords@tdi.texas.gov o una carta a: Public Information Coordinator, MC GC-ORO, Texas Department of Insurance, PO Box 12030, Austin, Texas 78711-2030. Usted también tiene derecho a solicitar que TDI corrija la información incorrecta que tenga sobre usted. Para pedir una corrección envíe, (1) su nombre, dirección postal y número de teléfono, (2) los detalles de la información que necesita corregirse y (3) la razón por la cual la información es incorrecta o prueba de que la información es incorrecta. Envíe el correo electrónico a RecordCorrections@tdi.texas.gov o una carta a: Record Correction Request, MC: CO-AAL-CC, Texas Department of Insurance, PO Box 12030, Austin, Texas 78711-2030.