



**STATE OF TENNESSEE**  
**DEPARTMENT OF COMMERCE AND INSURANCE**  
**Insurance Division – Agent Licensing**  
**500 James Robertson Parkway Nashville, TN 37243-1134**  
**(615) 741-2693 Fax: (615) 532-2862**  
[ce.agent.licensing@tn.gov](mailto:ce.agent.licensing@tn.gov)

**REQUEST TO CHANGE TO INACTIVE STATUS FOR TENNESSEE-RESIDENT LICENSE**

This request is only available for the following license categories:

- Insurance producers (individual)
- Business entity
- Public adjusters
- Surplus lines
- Travel insurance supervising entity
- Viatical settlement investment agent
- Viatical settlement broker
- Viatical settlement provider
- Title agency
- Portable electronic vendor
- Self-storage facility
- Crop insurance adjuster

Name of Licensed Individual/Entity: \_\_\_\_\_

\*If entity license, this request must be signed by an owner or executive officer of the licensed entity.

Tennessee License/NPN Number: \_\_\_\_\_

Licensees may request their Tennessee-resident license be put into inactive status or, alternatively, that only certain lines of authority be made inactive for their license. Please select the option that you are requesting.

**Select one:**

- I am requesting that my TN-resident license be made inactive due to my relocation to the State of \_\_\_\_\_.
- I am requesting inactive status for my TN-resident license for reasons other than relocation to another state. Please explain:  
\_\_\_\_\_.
- I am requesting that my TN-resident surplus lines license be made inactive.
- I am requesting inactive status for only certain lines of authority as indicated below.

- |  |   |                                 |                                     |
|--|---|---------------------------------|-------------------------------------|
| <input type="checkbox"/> Life              | <input type="checkbox"/> Casualty       | <input type="checkbox"/> Credit | <input type="checkbox"/> Bail Bonds |
| <input type="checkbox"/> Accident & Health | <input type="checkbox"/> Title          | <input type="checkbox"/> Legal  | <input type="checkbox"/> Travel     |
| <input type="checkbox"/> Property          | <input type="checkbox"/> Personal Lines | <input type="checkbox"/> Crop   | <input type="checkbox"/> Variable   |

By my signature below, I certify that (1) I am requesting my TN-resident license be made inactive, or (2) I am requesting one or more lines of authority under my TN-resident license be made inactive. Additionally, I certify I understand that obtaining my license or a line of authority, after such license or line of authority has been put into inactive status, will require me to meet all application requirements, including but not limited to exams, fingerprints, application, and fees, pursuant to T.C.A. § 56-6-101 et seq.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title (if submitting on behalf of an entity): \_\_\_\_\_

\*A request for inactive status is typically processed within two (2) business days. If applicable, the status can be checked at [www.statebasedsystems.com](http://www.statebasedsystems.com).

SUBMIT COMPLETED FORM TO THE EMAIL OR FAX NUMBER ABOVE.