



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

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. If selecting this option, please explain: _____.

I am requesting inactive status for only certain lines of authority as indicated below.

Life	Casualty	Credit	Bail Bonds
Accident & Health	Title	Legal	Travel
Property	Personal Lines	Crop	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.

SUBMIT COMPLETED FORM TO THE EMAIL OR FAX NUMBER ABOVE.