

MIKE CHANEY
Commissioner of Insurance



501 N. West St.
1001 Woolfolk State Office Building
Jackson, MS 39201
P.O. Box 79
Jackson, MS 39205

STATE OF MISSISSIPPI
Mississippi Insurance Department
www.mid.ms.gov

**DUPLICATE LICENSE/LETTER OF CERTIFICATION & CLEARANCE
CHANGE OF ADDRESS OR TELEPHONE NUMBER REQUEST**

Duplicate License Fee: \$25.00 for individuals and \$50.00 for entities
Letter of Certification or Letter of Clearance Fee: \$20.00 (Clearance letter is active 90 days)
Change of Address and Telephone Number: No Charge

Name of licensee (please print) _____

I am requesting _____ duplicate(s) of license # _____

I am requesting _____ Letter(s) of Certification of license # _____
(MS resident applying for a non-resident license in another state.)

I am requesting _____ Letter(s) of Clearance for license # _____
(MS resident moving to another state and canceling resident license.)

I am requesting to change license # _____ to a nonresident license.
I AM RELOCATING TO ANOTHER STATE and would like to change from a resident licensee in Mississippi to a non-resident licensee in Mississippi. New state license must be received within 90 days of change or MS license will cancel. Please provide new mailing & resident address below.

I am changing my Adjuster Designated Home State (ADHS) state from _____ to _____

Please make the following address change(s) to license # _____
(Note: For duplicate licenses with new address, submit a \$25.00 fee for individuals and \$50.00 fee for entities)

Mailing address: (Old) _____ (New/current) _____

Resident address: _____ (New/current) _____

Telephone Number – (Old) _____ (New) _____

Business Email - (Old) _____ (New) _____

Print name of requestor _____

Date _____ Signature of requestor _____

The requested document will be mailed to the mailing address of the licensee, unless otherwise requested. Resident address can only be changed by licensee. For address change: mail form, fax 601-359-1951 or scan and email licensing@mid.ms.gov