

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
Change of Address and Telephone Number: No Charge
Change of MS Resident to MS Non-resident: No Charge (if not requesting a clearance letter)

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 my resident Mississippi license # _____ to a non-resident Mississippi license. (Activation of new resident license required within 90 days or MS license will cancel)

*I am changing my Adjuster Designated Home State (ADHS) state from _____ to _____
(If changing MS ADHS to another state, a fee is required if requesting a clearance form)

Please make the following address change(s) to license # _____

<u>Business/Mailing address:</u> (Old)	(New/current)
_____	_____
_____	_____
_____	_____

<u>Resident address:</u>	(New/current)
_____	_____
_____	_____
_____	_____

Telephone Number – (Old) _____	(New) _____
Business email Address- (Old) _____	(New) _____

Print name of requestor _____

Date _____ Signature of requestor _____

The requested document will be sent to the licensee’s email address. Resident address must be changed by licensee. For address change: mail form to the address above, fax 601-359-1951 or scan and email to licensing@mid.ms.gov .