

**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](http://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 # \_\_\_\_\_

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

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

|  |             |
|--|-------------|
| Telephone Number – (Old) _____             | (New) _____ |
| <b>Business email Address-</b> (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](mailto:licensing@mid.ms.gov) .