



**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 TN NON-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 Non-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 Non-resident license be made inactive.

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 Non-resident license be made inactive, or (2) I am requesting one or more lines of authority under my TN Non-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 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.**