



**OFFICE OF COMMISSIONER OF INSURANCE**  
 COMMISSIONER OF INSURANCE • INDUSTRIAL LOAN COMMISSIONER • SAFETY FIRE COMMISSIONER  
**Ralph T. Hudgens, Commissioner**



[www.ocl.ga.gov](http://www.ocl.ga.gov)

Phone: 855-235-5174

Email: [GAInslicensing@psionline.com](mailto:GAInslicensing@psionline.com)

**AGENTS LICENSING**

**Request For Status Letter**

**GID-392-AL APR2015**

**!!! Save Paper, Resources And Time By Submitting This Form Online At: [www.sircon.com](http://www.sircon.com) !!!**

**1. General Instructions**

- A. A status letter is used by active Georgia licensees or firms who wish to be licensed in another state.
- B. For each license type that you hold, you may request as many status letters as you like.
- C. The fee for each letter requested is \$10.00 in the form of a check or money order.

**2. Licensee Information**

Print your complete name as it appears on your Georgia insurance license. Print the address where you wish the letter(s) to be sent if different from mailing address.

Firm Name

**LICENSEE'S NAME:**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	First Name	MI	Suffix (Jr., Sr.)

Mailing Address (Suite number, floor number, etc...)

<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>
City	State	Zip Code 5-digits			+4

Contact Phone Number

**3. Fees For Clearance Letter Request**

<input type="text"/>	<input type="text"/>	<input type="text"/>
License Number	Social Security Number	National Producer Number

INDICATE YOUR RESIDENCY TYPE (Select One):       Resident       Non-Resident

Insert the number of status letters requested. Multiply the number of status letters requested per license type by the fee of \$10.00 per letter. Enter the total in the "Total Amount Enclosed" space.

NOTE: Variable Products are incorporated into the Agent license type. If you are an Agent with Variable Product your agent status letter will show VP.

<b>Status Letter(s) requested for the following license type(s) →</b>	<input type="text"/>
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Number Of Status Letters Requested	FEE (per letter requested)		TOTAL AMOUNT ENCLOSED
	X    \$ 10.00	\$	<input style="width: 100%;" type="text"/>

**FEES PAYABLE TO: PSI SERVICES LLC / GEORGIA INSURANCE DEPT.**

**Regular Mailing Address WITH PAYMENT:**

**PSI Services LLC  
 P.O. Box 742983  
 Atlanta, GA 30348-2983**

**Overnight Mailing Address WITH PAYMENT:**

**Bank of America  
 ATTN: PSI Services LLC Box 742983  
 1075 Loop Road (2nd Floor)  
 Atlanta, GA 30337**