

**KANSAS INSURANCE DEPARTMENT
PRODUCER LICENSING DIVISION**

420 S.W. 9th Street
Topeka, KS 66612-1678
Phone: (785) 296-7862 Fax: (785) 368-7019
Email: licensing@ksinsurance.org

		QUANTITY	AMOUNT
<input type="checkbox"/> HOME STATE CERTIFICATION	\$10.00	_____	\$_____
<input type="checkbox"/> PRINTOUT OF LICENSE RECORD	\$10.00	_____	\$_____
<input type="checkbox"/> DUPLICATE LICENSE	\$10.00	_____	\$_____
<input type="checkbox"/> CLEARANCE (Attach Completed Address Change Form)	\$10.00	_____	\$_____
	TOTAL PAYMENT		\$_____

Requested for: _____

NPN-LIC#/FEIN: _____

Requested by: _____

Telephone: _____

Date of Request: _____

Return Address: _____

REMIT PERSONAL CHECK, BUSINESS CHECK, CASHIER'S CHECK, OR MONEY ORDER, PAYABLE TO THE KANSAS INSURANCE DEPARTMENT. PLEASE INCLUDE A SELF-ADDRESSED, POSTPAID ENVELOPE.