

Application for Insurance License Renewal

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Licensing Authority Name]

[Authority Address]

[City, State, Zip Code]

Dear [Recipient's Name or "To Whom It May Concern"],

I am writing to formally request the renewal of my insurance license, which is due to expire on [Expiration Date]. My license number is [License Number].

I have successfully completed the required continuing education courses and maintained compliance with all applicable regulations. Attached are the necessary documents for your review, including proof of education and any relevant fees.

Please let me know if you require any further information or documentation to process my renewal request. I appreciate your attention to this matter and look forward to your prompt response.

Thank you for your assistance.

Sincerely,

[Your Name]