



License Cancellation Form

This form requires an original or digital signature.

Please attach and email the completed form to: **bondsmanlicensing@doi.sc.gov**

Name: _____

License Number (NPN): _____

Reason for surrender of license(s): _____

I request that the selected license(s) be cancelled:

Professional Bondsman

Runner Bondsman

Surety Bondsman

- No individual or business entity who is currently under investigation by the Department of Insurance may voluntarily surrender its license.
- A voluntary surrender will be effective immediately upon receipt of this surrender request.

I hereby certify that I understand the requirements of this surrender. I also certify there are no outstanding liabilities pending against this licensee in the state of South Carolina.

Signature: _____

Date: _____

