



SERVICE AGENCY CANCELLATION FORM

Cancel Date: _____ **Registration Number** _____

_____ is no longer in business or has ceased operating
(Agency Name)

Check appropriate box:

- Does not operate as a service agency and has not been engaged in such activity since:
Date: _____.
- Has been sold and is now operating as: _____
- Other Reason for Canceling: _____

Signature: _____ Date: _____

Print Name: _____ Contact Number: _____