



2050 Gordon W. Shelton Blvd.
Fredericksburg, VA 22401

faarmembers.com

ph : 540-373-7711
fx : 540-736-0301

Agent Termination Form

DATE: _____

AGENT NAME: _____

LICENSE NUMBER: _____

COMPANY: _____

License Returned to DPOR

To Referral Company

Other _____

Do you have an Sentricard? If you have an Sentricard, you must return it along with your card reader to FAAR.

BROKER NAME

BROKER SIGNATURE

Fax to: (540) 736-0301 Attn: Membership Services Department

Mail to: FAAR Membership Services

P.O. Box 3625

Fredericksburg, VA 22402

Visit: Drop this form off at the FAAR office between 9am – 5pm, Monday – Friday.

