

[Your Name/Company Name]  
[Department]  
[Address]  
[City, State, Zip Code]  
[Date]

[Agent Name]  
[Agent Address]  
[City, State, Zip Code]

**RE: Notice of Licensing Deficiencies and Required Resolution**

Dear [Agent Name],

A recent audit of our licensing records has identified deficiencies regarding your professional credentials. To maintain your active status with [Company Name] and ensure compliance with regulatory requirements, the following items must be addressed:

- [Deficiency 1: e.g., Expired State License in California]
- [Deficiency 2: e.g., Missing Continuing Education Credits]
- [Deficiency 3: e.g., Updated Background Check Authorization]

Please submit the required documentation or proof of resolution to the Licensing Department no later than [Deadline Date]. Failure to resolve these deficiencies by the stated deadline may result in the following actions:

- Suspension of commission payments.
- Temporary deactivation of your appointment.
- Formal notification to the State Board of Insurance/Licensing.

You may submit your documents via [Email Address], [Fax Number], or by uploading them to the agent portal at [URL].

If you believe this notice has been sent in error or if you have already submitted these documents, please contact us immediately at [Phone Number].

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]  
[Your Printed Name]  
[Title]  
[Company Name]