

REQUEST TO TERMINATE RAP BACK

****PLEASE PRINT OR TYPE AND COMPLETE THE ENTIRE FORM**

DATE: _____

NAME OF REGISTRANT(S) ***The individual or entity that is registered with the
Division of Consumer Protection
**Please list all registrants if the individual in the rap
back system is associated with multiple registrants*

**REGISTRATION
CERTIFICATE NUMBER(S)** ***The license or registration number of the individual
or entity that is registered with the Division of
Consumer Protection*

NAME OF INDIVIDUAL ***The name of the individual in the rap back system*

DATE OF BIRTH ***The date of birth of the individual in the rap back
system*

**REASON FOR RAP BACK
TERMINATION REQUEST**

**NAME OF INDIVIDUAL
SUBMITTING REQUEST**

**TELEPHONE NUMBER OF
INDIVIDUAL SUBMITTING
REQUEST**

**SIGNATURE OF
INDIVIDUAL SUBMITTING
REQUEST**