WWW.OID.OK.GOV

OKLAHOMA INSURANCE DEPARTMENT

3625 NW 56th Street, Suite 100, Oklahoma City, OK 73112-4511
Phone: 405-521-3916 ◊ Fax: 405-522-3642 ◊ Email: licensing@oid.ok.gov

Navigator Entity Application

LICENSING DIVISION

PLEASE PRINT OR TYPE

1. NAVIGATOR ENTITY NAME	2. INCORPORATION/FORMATION DATE (MONTH/DAY/YEAR)	3. FEIN

4. LIST ALL NAMES UNDER WHICH YOU ARE DOING BUSINESS	5. STATE OF DOMICILE	6. COUNTRY OF DOMICILE
	6. DESIGNATED RESPONSIBLE PARTY	

7. BUSINESS ADDRESS	8. CITY	9. STATE	10. ZIP

11. TELEPHONE NUMBER	12. FAX NUMBER	13. WEBSITE	14. BUSINESS EMAIL ADDRESS

15. MAILING ADDRESS	16. CITY	17. STATE	18. ZIP

BACKGROUND INFORMATION & ATTESTATION

Has the navigator entity ever been convicted of any criminal felony involving dishonesty or a breach of trust, or been convicted of an offense under Section 1033 of Title 18 of the United States Code?
"Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendre, having entered an Alford Plea, or having been given probation, a suspended sentence, or a fine.
Unless excluded by the language above, you must disclose convictions that have been expunged. If you answer yes, you must attach to this application:
a) a written statement explaining the circumstances of each incident
b) a certified copy of the charging document, and
c) a certified copy of the official document stating the resolution of the charges or any final judgment.

☐ YES

☐ NO

As the designated responsible party of the navigator entity I hereby certify, under penalty of perjury, that

1. All of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for registration revocation and may subject me and the navigator entity to civil or criminal penalties.
2. The navigator entity grants permission to the Department to verify any information supplied herein with any federal, state or local government agency.
3. I acknowledge and accept all legal responsibility for the acts of the individual navigators that this entity employs, supervises or is affiliated with are performed within the scope of the navigator's apparent authority.
4. I acknowledge that I am familiar with the navigator laws and regulations of Oklahoma Insurance Code and the rules and regulations promulgated by the Oklahoma Insurance Department regarding Navigator Entity and Individual Registration.

SIGNATURE	TITLE

NOTARY

SUBSCRIBED AND SWORN BEFORE ME, THIS_____ DAY OF_____ YEAR

NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	STATE

NAME (TYPED OR PRINTED)	COUNTY

NOTARY PUBLIC SEAL

USE RUBBER STAMP IN CLEAR AREA BELOW

OKLAHOMA INSURANCE DEPARTMENT
3625 NW 56th Street, Suite 100, Oklahoma City, OK 73112-4511
Phone: 405-521-3916 ◊ Fax: 405-522-3642 ◊ Email: licensing@oid.ok.gov

WWW.OID.OK.GOV

Navigator Entity Application

LICENSING DIVISION

DO NOT INCLUDE THIS PAGE WITH YOUR SUBMITTED APPLICATION

Application for initial & renewal registration shall include the following:

1. A completed application for navigator entity license

2. $50.00 yearly registration fee in the form of a check or money order payable to:
   Oklahoma Insurance Department

3. Attach a list of all individual navigators, whom, at the time of application, it is employing, supervising or affiliated with or has, during the previous year while registered as a navigator entity, employed, supervised or been affiliated with.

4. Include all supporting documents and a detailed description to explain any "yes" answers on this application.

5. Designated Responsible Party must ensure that all registered individuals are distributing the required disclaimer to all insureds assisted.

6. Mail application fee and completed registration packet to:

Oklahoma Insurance Department
Licensing Division
3625 NW 56th Street, Suite 100
Oklahoma City, OK 73112-4511

All Fees Are By Law Deemed Earned and Shall Not Be Refundable.
All incomplete applications will be withdrawn without refund.

All completed applications will be processed within 5 business days of being received in the licensing division. If you have a question regarding your submitted application, please email licensing@oid.ok.gov

OKLAHOMA INSURANCE DEPARTMENT

3625 NW 56th Street, Suite 100, Oklahoma City, OK 73112-4511

Phone: 405-521-3916 ◊ Fax: 405-522-3642 ◊ Email: licensing@oid.ok.gov

Individual's Name	OK Registration Number	Social Security Number	Date Hired or Date Terminated	Job Title	Date of Birth

Entity Name: _____

Registration Number: _____

Date: _____