Please note the application may be revised on a bi-annual basis. To ensure you are filing the current version of the application, please reference the National Insurance Producer Registry web site at www.nipr.com.

# Uniform Application for Individual Producer License Renewal/Continuation

(Please Print or Type)

**Check appropriate box for license requested.**

- ❑ Resident License
- ❑ Non-Resident License
  - Identify Home State: _____
  - Identify Home State License #: _____

## Demographic Information

| | | | |
|---|---|---|---|
| (1) Soc. Security Number<br>– – | (2) Date of Birth | (3) Home State & Home State License Number | (4) If assigned National Producer Number (NP#) |
| (5) Last Name JR./SR. etc | | (6) First Name | |

| | | | | |
|---|---|---|---|---|
| (7) Residence/Home Address (Physical Street) | (8) P.O. Box | (9) City | (10) State | (11) Zip or Foreign Country |
| (12) Business Entity's Name | | | | |
| (13) Business Address (Physical Street) | (14) P.O. Box | (15) City | (16) State | (17) Zip or Foreign Country |

| | | | |
|---|---|---|---|
| (18) Business Phone Number (include extension)<br>( ) - | (19) Business Fax Number<br>( ) - | (20) Business E-Mail Address | (21) Business Web Site Address |

| | | | | |
|---|---|---|---|---|
| (22) Mailing Address | (23) P.O. Box | (24) City | (25) State | (26) Zip or Foreign Country |

## Agency or Business Entity Affiliations

(27) List your Insurance Agency Affiliations: (Complete only if the applicant is to be licensed as an active member of the business entity)

FEIN _____ NPN _____ Name of Agency _____

FEIN _____ NPN _____ Name of Agency _____

FEIN _____ NPN _____ Name of Agency _____

## Background Information

(28)

1. Since the last renewal or initial application in this state, have you ever been convicted of a crime, had a judgment withheld or deferred, or are you currently charged with committing a crime? Yes ___ No___

"Crime" includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations or convictions involving driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license and juvenile offenses. "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, or having been given probation, a suspended sentence or a fine.

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,
c) a certified copy of the official document, which demonstrates the resolution of the charges or any final judgment.

If you have a felony conviction, have you applied for a waiver as required by 18 USC 1033? N/A_____ Yes_____ No _____

If so, was that waiver granted? (Attach copy of 1033 waiver approved by home state.) N/A _____ Yes ____ No _____

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# Uniform Application for Individual Producer License Renewal/Continuation

## Background Information continued

2. Since the last renewal or initial application in this state, have you or any business in which you are or were an owner, partner, officer or director, or member or manager of limited liability company, ever been involved in an administrative proceeding regarding any professional or occupational license, or registration? Yes ___ No___

"Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, placed on probation or surrendering a license to resolve an administrative action. "Involved" also means being named as a party to an administrative or arbitration proceeding, which is related to a professional or occupational license. "Involved" also means having a license application denied or the act of withdrawing an application to avoid a denial. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer yes, you must attach to this application:

a) a written statement identifying the type of license and explaining the circumstances of each incident,
b) a certified copy of the Notice of Hearing or other document that states the charges and allegations, and
c) a certified copy of the official document which demonstrates the resolution of the charges or any final judgment.

3. Since the last renewal or initial application in this state, do you have a child support obligation in arrearage? Yes ___ No___

If you answer yes,

a) by how many months are you in arrearage? _____ Months

b) are you currently subject to a repayment agreement? Yes ___ No___

c) are you the subject of a child support releated subpoena/warrant? Yes ___ No___

## Applicant's Certification and Attestation

29 The producer must read the following very carefully:

1. I hereby certify that, under penalty of perjury, 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 license revocation or denial of the license and may subject me to civil or criminal penalties.
2. Where required by law, I hereby designate the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to be my agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner, Director or Superintendent of Insurance, or other appropriate party of that jurisdiction is of the same legal force and validity as personal service upon myself.
3. I further certify that I grant permission to the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to verify information with any federal, state or local government agency, current or former employer, or insurance company.
4. I further certify that, under penalty of perjury, a) I have no child-support obligation, b) I have a child-support obligation and I am currently in compliance with that obligation, or c) I have identified my child support obligation arrearage on this application.
5. I authorize the jurisdictions to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
6. I acknowledge that I understand and will comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure.
7. I certify that I am licensed and in good standing in my home state/resident state for the lines of authority requested from the non-resident state.

_____
Month/Day/Year

_____
Original Producer Signature

_____
Full Legal Name (Printed or Typed)

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***Resident Licensees Only Must Complete This Page***

# Oklahoma Insurance Department

## Resident Licensee Supplemental Questionnaire

**1.** Are you an Oklahoma State Senator or State Representative **( ) YES ( ) NO**

**2.** Did you sell, solicit, or negotiate Medicare Advantage, including Medicare Private Fee for Service products and plans during your most recent period of licensure or do you intend to do so in the future? **( ) YES ( ) NO**

If "**Yes**" you **must** have completed not less than eight (8) hours of continuing education relating to Medicare Advantage including Medicare Private Fee for Service products and plans prior to renewing your license. This education requirement is in **addition** to the 16 hours of continuing education as required by 36 O.S. § 1435.29.

If "**No**" you are affirming that you have not or no longer shall sell, solicit or negotiate Medicare Advantage including Medicare Private Fee for Service products and plans. You are also agreeing that should you begin to sell, solicit or negotiate Medicare Advantage including Medicare Private Fee for Service products and plans after completing this renewal to take the 8 hours of required CE prior to your next renewal.

_____ _____

Original Applicant Signature Month Day Year

_____

Clearly Print or Type Full Legal Name

***Resident Licensees Only Must Complete This Page***

***Please Print and Attach with your Application for License Renewal.***