Print Form

(Rev. 01242011)

OKLAHOMA INSURANCE DEPARTMENT
3625 NW 56th, Suite 100
Oklahoma City, OK 73112-4511
(405) 521-3916 or Fax: (405) 522-3642 Toll Free In-State 800-522-0071

Please Provide the Following Information:

Total Amount Enclosed: _____

Your Check Number/s: _____

RESIDENT APPLICATION FOR
TEMPORARY INSURANCE PRODUCER LICENSE

Please Print Clearly or Type

I, _____ (*Full Legal Name*), submit this application for a Temporary Insurance Producer license to the Oklahoma Insurance Commissioner in accordance with 36 O.S. §1435.12. I hereby state that I understand the Oklahoma Insurance Commissioner may, with discretion, issue a Temporary Insurance Producer license for a period not to exceed one hundred eighty (180) days without requiring an examination if the Temporary Insurance Producer license is necessary for the servicing of an insurance business. I further state that a Temporary Insurance Producer license is necessary for the following reason (***check only one below***):

☐ I am the surviving spouse or court-appointed personal representative of a licensed Insurance Producer who is now deceased or has become mentally or physically disabled. I need adequate time to allow me to sell the insurance business owned by the Insurance Producer, or adequate time to allow the Insurance Producer to recover or return to the business, or adequate time to allow me to provide for the training and licensing of new personnel to operate the Insurance Producer's business.

☐ I am a member or employee of a business entity licensed as an Insurance Producer, and the individual designated in the business entity's application for licensure or on the business entity's license is now deceased or has become mentally or physically disabled.

☐ I am the designee of a licensed Insurance Producer who has entered or is entering active service in the Armed Forces of the United States of America.

☐ I should be granted a Temporary Insurance Producer's license because special circumstances exist in which the Oklahoma Insurance Commissioner's issuance of such license would best serve the public interest.

_____ _____
Signature of Applicant Date

Law cites included within this application are found in the numbered Section of Oklahoma Statutes Title 36, referenced as 36 O.S.1435 et seq.

1. Applicant's Name _____ Maiden Name _____
Last First Middle Last

2. Residence Address:_____ How Long? _____
(Street & Number) (City) (State) (Zip)

3. Mailing Address:_____
(Street & Number) (City) (State) (Zip)

4. **I understand that my designated Mailing Address will be subject to public record and that all correspondence from the Oklahoma Insurance Department will be sent to said address?** **( ) Yes ( ) No**

5. Business Address:_____
(Street & Number) (City) (State) (Zip)

6. **Do you understand you are required by *36 O.S. §1435.8.F* to notify the Oklahoma Insurance Department of any address change within 30 days after the change, and that failing to do so is subject to penalty?** **( ) Yes ( ) No**

7. Telephone Number (_____) _____ (_____) _____
Business Home

8. Social Security Number _____ / _____ / _____ ☐ Male ☐ Female 9. Date of Birth _____ / _____ / _____
Must be at least 18 per *36 O.S. §1435.7.A.1*

10. Have you ever made application or been licensed (including a temporary license) in Oklahoma to transact any form of Insurance? **( ) Yes ( ) No**
If Yes, please provide date, type of license, and license number _____

11. Are you now or have you ever been licensed in any other state(s) as a resident to transact any form of insurance? **( ) Yes ( ) No**
If Yes, please provide state(s) and date(s)_____
If Yes, please attach an original clearance letter from last resident state (no copies accepted).

12. Are you a citizen of the United States? **( ) Yes ( ) No**
If No, of which country are you a citizen?_____
If No, you must supply proof of eligibility to work in the U.S. (front and back of your I-94 or your card (visa).

13. Do you intend to use this license primarily for the purpose of soliciting, negotiation, or procuring insurance covering **yourself (or members of your family), or anyone with which you (or a member of your family) is an officer, director, stockholder, partner, or employee?** *(Ref. 36 O.S §1435.21)* **( ) Yes ( ) No**

14. Has any state ever taken administrative action against any of your professional/occupational licenses? **( ) Yes ( ) No**
Please attach a letter of explanation as well as any necessary documentation if you answered "YES."

15. Record of employment for the past five years, starting with present occupation (attach separate sheet if necessary):

Nature of Work	Dates	Employer's Name and Address

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16. Have you ever been convicted of a Felony? *(Ref. 36 O.S. §1435.13.A)*. If you answered yes, you must provide the following: (1) A letter of explanation. ***and*** (2) A certified copy of the final sentence and judgment. **( ) Yes ( ) No**

17. Do you currently have a child support obligation? ***(If No, skip to question 20.)*** **( ) Yes ( ) No**
    (a) If you currently have a child support obligation, are you in compliance with the administrative or court order imposing the child support obligation? **( ) Yes ( ) No**
    (b) If you are not in compliance with a child support obligation, are you currently making payments for the arrearage? **If Yes, please provide any necessary documentation.** **( ) Yes ( ) No**

18. Have you failed to pay State of Oklahoma income taxes or failed to comply with any administrative or court order directing payment of state income tax? **If Yes, you must provide a letter of explanation and any necessary documentation regarding the tax delinquency.** **( ) Yes ( ) No**

19. Have you violated any insurance law, regulation, subpoena or order of the State of Oklahoma Insurance Commissioner or of another state's insurance commissioner? **If Yes, please provide documentation.** **( ) Yes ( ) No**

20. Are you a full-time employee of the U.S. government, or of the executive or administrative branches of the State of Oklahoma, or any state, county, or municipality of the State of Oklahoma? **If Yes, please attach a letter of explanation. Not applicable to Life, Accident & Health producers, limited lines producers, or applicants who are teachers, or elected officials, except the Insurance Commissioner.** **( ) Yes ( ) No**

21. **APPLICANTS CERTIFICATION AND ATTESTATION**

ALL Applicants 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) 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.
3) 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.
4) I acknowledge that I understand and will comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure.
5) I understand Oklahoma Insurance Department fees are not refundable except in accordance with Oklahoma Administrative Code § 365:1-9-17.1.

_____ _____ _____ _____
Original Applicant Signature Month Day Year

_____
Clearly Print or Type Full Legal Name

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CHECKLIST:

Have you enclosed or completed the following, if applicable?

All questions answered? **( ) Yes ( ) No**

Original, current application (dated within 6 mo.) and/or clearance letter enclosed if required? **( ) Yes ( ) No**

The appropriate fees included? **( ) Yes ( ) No**

All forms are original? **( ) Yes ( ) No**

FEE SCHEDULE *36 O.S. §1435.23*

◄ One Check for All Fees Is Encouraged Per Application ►

License - (Annual)
Life and/or A&H Insurance Broker $50.00
Motor Service Club.....$20.00

License – (Biennial)
Insurance Agent/Producer.....$60.00
Variable Annuity.....$60.00
Limited Insurance Representative.....$40.00
Managing General Agent $60.00
Customer Service Representative.....$40.00
Title $60.00
Aircraft Title $60.00

License – (180 Days)
Resident Provisional Producer $20.00
Temporary Producer $20.00

Company Appointment – (Biennial)
Each Company $55.00

Examination
Required for Each Exam Date
Contact www.psiexams.com for Fee Schedule
DO NOT SEND EXAM FEE to the Oklahoma Insurance Department

Study Manuals
Life, Accident & Health Study Manual $40.00
Property/Casualty Study Manual $40.00
Credit Life, Accident & Health Booklet $10.00
Credit Property Booklet $10.00
Title $40.00
Aircraft Title $40.00

◄ One Check for All Fees Is Encouraged Per Application ►

ATTENTION: We cooperate with the Oklahoma County District Attorney in the prosecution of bogus check writers.

EXAMINATION INFORMATION

Examination Authorization: Applicants will receive notification of application approval or denial. Upon approval, a testing authorization letter will be mailed to the applicant, which will include instructions on how to schedule an examination.

Test scores will be made available to the applicant immediately upon completion of the examination.

APPLICATION FOR REINSTATEMENT

Reinstatement applicants must have met all continued education (CE) requirements prior to submitting for reinstatement. Copies of the Certificate(s) of Completion must be submitted with the application if the CE credits have not already been reported to the Insurance Department. Reinstatement applicants must also provide the correct fee amount which is double the amount of the normal renewal. Reinstatement applications will only be accepted for those whose license has been expired for less than two years.

In accordance with Title III of the Americans with Disabilities Act, we invite all registrants to advise us of any disability and any requests for accommodation to that disability at the time you submit this application.

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