

STATE	FEE	Forms Required	Renewals	Final Agent License Mailed to:	Pay Close Attention to:
			Residents need a background check from the FBI & NV Highway Patrol \$45.00		
NEW HAMPSHIRE*	\$60 Application \$150 License \$25 Lifetime appointment	2 forms	Last day of the 1st month of the quarter of the agents birthday biannually	Road America	
NEW MEXICO*	\$20 Agents cannot hold both Motor Club & Limited Lines licenses	2 forms	12/31 annually	Road America	
NORTH CAROLINA*	\$30.00 License Fee \$20 appointment fee billed quarterly	1 form	3/31 annually	Road America	Questions 14-29 to be completed by RAMC
OKLAHOMA*	\$40 Appointment \$40 License	2 forms Limited Licensees only need appointment	Licenses biannually on effective month Appointments biannually on 12/31	Address on application	
SOUTH CAROLINA	\$20 License Fee	2 forms	4/30 annually	Road America	#6 - 100%, #7 - Audio & Visual, #8 - Yes
SOUTH DAKOTA	\$25 Application for Residents \$30 Application for non-residents	1 form	Residents renew 4/30 biannually. Non-residents renew 12/31 annually	Road America	
TENNESSEE	\$20 License \$50 Background Check (not required if has other TN license)	1 form	6/30 annually	Road America	
TEXAS	\$10 License	1 form	1 year from date of issue	Road America	Make check payable to RAMC.
UTAH*	\$52 License Plus \$25.00 for paper Application Appointment Fee \$5.00 for residents and Vary for nonresidents	2 forms	2 yrs from effective Date. Appointments are not required to be renewed	Address on application	Sign & Date Page 3
VIRGINIA*	\$15 License \$14 Appointment \$15 Criminal History Report from local law enforcement - Residents Only	3 forms Property & Casualty licensees only need appointment.	6/30 annually	Address on application	Only complete Section 1, & have notarized. Return to Road America with application.
WYOMING*	\$20.00 License fee There is no Appointment Fee	1 form	biannually 6/30	Agent's home address	Page 2 needs to be notarized
<p>*Non-Resident Certification letters for Non-Residents Required. Certification requirements vary by state.</p>					

STATE OF OKLAHOMA

Application Instructions:

Complete the application, sign and date page 2 at the bottom. Non-residents must complete the NAIC uniform application form. Exams are not required for Motor Club Licensing.

The license fee is \$40.00, and the appointment fee is \$40.00. Please make a check payable to Road America for \$80.00 and send with application to Road America for processing.

License Notification:

The processing time is approximately 1 month.

The license is sent to the motor club agent's mailing address and Road America receives notification of the appointment from the state.

Renewal:

Licenses renew on the agents effective date biennial, notification is mailed to the agent's mailing address.

Appointment Renewals are due 12/31 biennially and notice is sent to Road America. Renewal fee is \$40.00

WEB SITE: www.oid.state.ok.us Applications can be down loaded from this site.



RESIDENT APPLICATION FOR INSURANCE PRODUCER LICENSE

KIM HOLLAND
OKLAHOMA INSURANCE COMMISSIONER

2401 NW 23, Suite 28 (Zip 73107)
P.O. Box 53408 (Zip 73152-3408)
Oklahoma City, OK
(405) 521-3916

- OR -

4157 S. Harvard, Suite 121
Tulsa, OK 74135
(918) 747-7700

Please Provide the Following Information:

Total Amount Enclosed: _____

Check Number/s: _____

Non Resident Applicants, if not submitting an electronic application, must submit an NAIC Uniform Application for Individual Insurance Producer License found on the OID website (www.oid.state.ok.us) or on the NIPR website

INSURANCE AGENT/PRODUCER

- Life
- Variable Annuity (Life license required)
- Accident & Health
- Property - Casualty
 - Personal Lines
 - Combined
- Title
- Aircraft Title

LIMITED INSURANCE

- Credit Life/A&H
- Prepaid Dental
- Job Loss
- Crop/Hail
- Mortgage Nonfile
- Agriculture Revenue
- Travel Accident/Baggage
- Prepaid Legal Liability
- Credit Property
- Motor Club
- Vehicle Auto Rental
- Agriculture/Revenue

Insurance Broker

- Life
 - Accident & Health
 - Customer Service Representative
- Sponsoring Agent/Producer
License # _____
CSR-1 Appointment Form Required

MGA

- Agent/Producer
- Agency

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

Email Address _____

2. Residence/Location of Home _____ (Street & Number) (City) (State) (Zip) How Long? _____

Business Address if Different from Residence: _____ (Street & Number) (City) (State) (Zip)

Designation of Mailing Address: () Residence Address () Business Address

I understand that my designated Mailing Address will be subject to public record and that all correspondence from the Oklahoma Department of Insurance will be sent to said address: () YES () NO

3. Do you understand you are required by 36 O.S. §1435.&F to notify the Oklahoma Insurance Department of any change in either of the above addresses within 30 days after the change and that failing to do so is subject to penalty? () YES () NO

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

5. Height _____ Weight _____ Color of Eyes _____ Color of Hair _____

6. Social Security Number _____ / _____ / _____ Place of Birth _____ (City) (State)

7. Date of Birth _____ / _____ / _____ Age _____ * Sex: Male _____ Female _____
*Must be at least 18 per 36 O.S. §1435.7.A.1

8. Have you ever made application or been licensed (including a temporary license) in Oklahoma to transact any form of insurance? () Yes () No If yes, when? _____ Type and No. of License _____

9. 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, what state(s)? _____ When? _____
 () For Nonresident Application: Please attach an original current (see checklist) certification letter from home state.
 () For Resident Application: Please attach an original clearance letter from last resident state (no copies accepted).
10. Are you a citizen of the United States? _____ Are you a permanent resident of the United States? _____
 If no, attach a copy, front and back, of your I-94 or your card (visa).
11. Previous address for the past 5 years: (street & number - city-state) (attach separate sheet if necessary) _____ How Long? _____

12. A. What percentage of time do you intend to devote to insurance? _____ %
 B. In what other business are you engaged? _____
 C. 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
13. Have you had an agency contract canceled? _____ When? _____ By Whom? _____
 If yes, please explain: _____
14. Does any insurer, agent/producer, or general agent claim you are indebted to it under an agency contract or otherwise? _____
 If yes, when? _____ To Whom? _____ Amount Owed? _____
15. Has any state ever taken administrative action against your license or any other professional / occupational license? () Yes () No
 Please attach a letter of explanation as well as any necessary documentation if you answered "YES" to question 15.
16. Have you ever been convicted of, pled guilty or nolo contendere to a Felony? (Ref. 36 O.S. §1435.13.A) () Yes () No
 Please attach a letter of explanation as well as a Certified Copy of Final Judgment, Sentencing Order, Order of Dismissal and/or Order of Expungement, if you answered "YES" to question 16.
17. If applying for a Variable Annuity License, I will also maintain a life license. () Yes () No
 A. Have you ever been licensed in any jurisdiction for the sale of securities? () Yes () No
 B. Have you ever been subject to any disciplinary action by any state or federal agency for the sale of securities? If yes, please attach a letter of explanation. () Yes () No
 C. Proof of NASD registration needed (Series 6 or 7 and 63 or 67). Enclosed? () Yes () No
18. Are you a full-time employee of the government of the United States or of the executive administrative branches of the government of this state or any county or municipality of Oklahoma? If yes, please attach a letter of explanation. () Yes () No
19. 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 | Reason for Leaving |
|----------------|-------|-----------------------------|--------------------|
| | | | |
| | | | |

20. If applying for a Life, Accident or Health Brokers License, have you attached the following? (Ref. O.S. § 1464.):
- A. A certificate or other proof of Errors and Omissions policy in the amount of \$100,000 or \$500,000 if a Blanket Policy, to be maintained while licensed and for at least two years following the termination of license: () Yes () No
- B. A bond in the amount of \$5,000 made payable to the People of Oklahoma: () Yes () No
- C. Do you understand that failure to maintain items A & B results in termination of license? () Yes () No
- D. Have you been licensed as a producer for more than two years? () Yes () No
- E. Have you had any insurance violations in any state? () Yes () No

 Signature of Applicant

 Date

**Oklahoma Insurance Department Resident Application
 Continued on Next Page**

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

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
- Bond and/or Certificate or other proof of E&O enclosed if required? () Yes () No
- The appropriate fees included? () Yes () No
- CSR-1 Appointment Form enclosed, if applying for CSR license? () Yes () No
- All forms are original? () Yes () No
- Have you enclosed either an R-11 appointment form, E&O policy or a letter of Appointing Insurer Acceptance of Responsibility? () Yes () No

◀One Check for All Fees Is Acceptable and Encouraged▶

FEE SCHEDULE 36 O.S. §1435.23

License - (biennial)

- Life and/or A&H Insurance Broker \$50.00
- MGA \$60.00
- Insurance Agent/Producer \$60.00
- Variable Annuity \$60.00
- Limited Insurance Representative..... \$40.00
- Customer Service Representative..... \$40.00

Company Appointment - (biennial)

- Each Company \$40.00

Examination -

- Required for Each Exam Date..... \$48.00

**DO NOT SEND EXAM FEE to the
Oklahoma Insurance Department**

Study Manuals -

- Life, A&H Study Manual..... \$40.00
- Property-Casualty Study Manual..... \$40.00

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.

**ATTENTION: WE COOPERATE WITH THE OKLAHOMA COUNTY DISTRICT
ATTORNEY IN THE PROSECUTION OF BOGUS CHECK WRITERS.**

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.

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